

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 - - -

5 IN RE: NATIONAL PRESCRIPTION
6 OPIATE LITIGATION

Case No.
1:17-MD-2804

8 APPLIES TO ALL CASES

Hon. Dan A.
Polster

9
10 Case No. 1:17-MD-2804

11 - - -

12 March 21, 2019

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14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
15 CONFIDENTIALITY REVIEW

16 Videotaped deposition of PAUL
17 CAMPANELLI, held at 250 West 55th Street,
18 New York, New York, commencing at 9:10 a.m.,
19 on the above date, before Marie Foley, a
20 Registered Merit Reporter, Certified
21 Realtime Reporter and Notary Public.

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2 9:10 a.m.

3 New York, New York

4 - - -

5 THE VIDEOGRAPHER: All right.

6 We are now on the record.

7 My name is Henry Marte. I am a
8 videographer with Golkow Litigation
9 Services.

10 Today's date is March 21st,
11 2019, and the time is 9:10 a.m.

12 This videotaped deposition is
13 being held in New York, New York, in
14 the matter of National Prescription
15 Opiate Litigation. The deponent today
16 is Paul Campanelli.

17 All appearances are noted on the
18 stenographic record.

19 Will the court reporter please
20 administer the oath to the witness.

21 - - -

22

23

24

1 PAUL CAMPANELLI, the Witness herein,
2 having been first duly sworn by a
3 Notary Public in and of the State of
4 New York, was examined and testified as
5 follows:

6 EXAMINATION BY

7 MR. BUCHANAN:

8 Q. Good morning, Mr. Campanelli.

9 My name is Dave Buchanan.

10 Could you please state your name
11 for the record, sir?

12 A. It's Paul Campanelli.

13 Q. And, are you the current chief
14 executive officer of Endo?

15 A. Yes.

16 Q. You're also a board member of
17 Endo.

18 Is that right?

19 A. Yes.

20 Q. Okay. Just so you understand
21 where I come from on this, I and others
22 working with us represent cities,
23 municipalities, counties who've been
24 impacted by the opioid epidemic. They've

1 brought claims against you and other
2 entities.

3 Do you have some general sense
4 of that litigation, the opioid litigation
5 by municipalities, counties, cities?

6 A. Yes.

7 MR. BUCHANAN: Okay. Can we go
8 off the record for a moment?

9 THE VIDEOGRAPHER: The time is
10 9:11 a.m.

11 Off the record.

12 (Discussion held off the record.)

13 THE VIDEOGRAPHER: We are back
14 on the record.

15 The time is 9:12 a.m.

16 BY MR. BUCHANAN:

17 Q. I apologize for that
18 interruption, sir.

19 Just to restate where we were,
20 you are the current CEO of Endo.

21 Is that right?

22 A. Correct.

23 Q. You're board member of Endo?

24 A. Correct.

1 Q. I take it you're a shareholder
2 of Endo?

3 A. Yes.

4 Q. Okay. As the CEO, that means
5 chief executive officer?

6 A. Yes.

7 Q. You are the senior-most officer
8 of the company?

9 A. Yes.

10 Q. As a board member, you're on the
11 board of directors of the company?

12 A. Correct.

13 Q. Board of directors is the group
14 that's appointed by the shareholders to
15 oversee the operations of the company,
16 correct?

17 A. To govern the company, yes.

18 Q. To govern the company, thank
19 you.

20 The board and its senior
21 officers are charged with returning value
22 and profits to shareholders, right?

23 A. Yes.

24 Q. Shareholders own the company,

1 right?

2 A. Yes.

3 Q. And you work for the
4 shareholders to make money for the
5 shareholders?

6 A. Yes.

7 Q. Thank you.

8 What I'd like to do, because
9 there's been some different acquisitions
10 and some different names, I want to see if
11 we can orient ourselves from the various
12 entities and get some common knowledge and
13 dates down. We have a slide that
14 hopefully will simplify this.

15 MR. BUCHANAN: Could we get
16 slide 2 over to counsel?

17 And what's that going to be
18 marked as an exhibit?

19 This is Exhibit 201.

20 (Campanelli Exhibit 201,
21 document, was marked for
22 identification, as of this date.)

23 MR. BUCHANAN: My intent,
24 counsel, is to mark demonstratives

1 from 200 up. With regard to
2 substantive exhibits, they'll be in
3 the first range of 100. We may not
4 mark them all.

5 BY MR. BUCHANAN:

6 Q. Showing you what's marked as
7 201, sir, it's a timeline of the Endo
8 corporate history.

9 You see off in the left, Endo
10 Pharmaceuticals actually goes back, well,
11 a long time, right? Back to the 1920s?

12 MR. STERN: Objection; lack of
13 foundation.

14 A. This is back in the DuPont Merck
15 days.

16 Q. This actually even precedes the
17 DuPont Merck days, correct, sir?

18 A. Yes, correct.

19 Q. You see the far left column Endo
20 Pharmaceuticals formed in 1920?

21 A. Yes.

22 Q. And that's a history that you've
23 referenced in annual reports and
24 shareholder reports over the years, that

1 this is a company that goes back to the
2 1920s.

3 Correct, sir?

4 MR. STERN: Objection; lack of
5 foundation.

6 A. To the best of my knowledge,
7 that -- that is part of the original
8 predating DuPont Merck.

9 So, while in name, yes. I don't
10 believe the company actually started until
11 about 1997.

12 Q. Okay. And, what you're alluding
13 to, sir, is that at some point in time,
14 the timeline indicates 1970, but without
15 regard to whether it was 1970 or '71 or
16 '69, DuPont acquired Endo, correct?

17 A. That's what it says here.

18 Q. Okay. And then ultimately there
19 was a join venture between DuPont and
20 Merck to focus on pharmaceuticals,
21 correct?

22 A. I -- I'm not sure of the case
23 there.

24 Q. Okay. Then in the late '90s,

1 1997 or so, some executives of what was
2 then operating as the DuPont Merck joint
3 venture essentially spun off the Endo
4 portfolio and established a new company
5 called Endo Pharmaceuticals.

6 Correct, sir?

7 A. I think what happened was a
8 group of individuals were given an
9 opportunity to acquire a series of
10 products and acquired the name Endo back
11 in 1970.

12 Q. Understood.

13 So whatever the corporate
14 transactional structure were, some
15 products that were currently being
16 promoted, manufactured, et cetera, by the
17 Merck DuPont joint venture were sold by
18 the DuPont Merck joint venture together
19 with the name Endo and a new company was
20 formed, correct?

21 MR. STERN: I apologize,
22 Mr. Buchanan. You're talking about
23 1970 now?

24 MR. BUCHANAN: I was, yes.

1 A. I think that's right. That
2 three individuals bought a handful of
3 products and bought the name Endo back in
4 1997.

5 Q. Okay. And the CEO for that
6 reformed Endo Pharmaceuticals in 1997 was
7 whom?

8 A. I believe it was Carol Ammons.
9 I believe that's her name.

10 Q. Okay. And then the company
11 operated for a number of years privately
12 and then ultimately went public and gained
13 public shareholders in 2000, right?

14 A. I -- I'm not sure of the date.
15 I see it here on the sheet. So
16 I have no reason not to believe it.

17 Q. And I don't think that's going
18 to be a material point for us today. I
19 just wanted to make sure we were oriented
20 here.

21 In 2010, we see an acquisition
22 of a then large generic pharmaceutical
23 company, correct?

24 A. They acquired Qualitest, yes, a

1 generics company.

2 Q. And 2010 is consistent with your
3 recollection, sir, of when that occurred?

4 A. Yes.

5 Q. Then we could probably skip over
6 2014 which references an Irish inversion.

7 Something I assume done for tax
8 returns and other reasons, right?

9 A. Yes.

10 Q. Okay. And Endo is the U.S.
11 subsidiary going forward from that point
12 in time.

13 And then Endo acquired Par,
14 correct?

15 A. Endo acquired Par in 2015.

16 Q. Okay. And so we have,
17 essentially, three pharmaceutical
18 companies that had their own portfolios.

19 If we look in the post-1997 era,
20 we've got Endo with a portfolio of
21 products it brought from DuPont Merck,
22 correct?

23 A. Yes.

24 Q. We've got Qualitest

1 Pharmaceuticals with its portfolio of
2 generics products, correct?

3 A. Yes.

4 Q. And we have Par with its
5 portfolio of products that were acquired
6 by Endo in 2015, correct?

7 A. Correct.

8 Q. And it looks like as a business
9 matter, after that merger or acquisition
10 in 2015, generic products, meaning
11 non-branded pharmaceutical products, were
12 consolidated in the Par brand, right?

13 MR. STERN: Objection to the
14 form.

15 A. In 2015 when Endo acquired Par,
16 the Qualitest portfolio fell under to the
17 Par portfolio in name and then was
18 governed under Endo.

19 Q. And just to make sure we have
20 context in how you come to this, sir, you
21 came into the Endo entities through the
22 acquisition of Par in 2015?

23 A. Correct.

24 Q. Okay. And, so, let's dial back

1 the clock and make sure we understand kind
2 of your role and involvement in the
3 pharmaceutical industry.

4 You were with Par from, what,
5 roughly 2000, 2001?

6 A. 2001.

7 Q. Okay. And moved through various
8 positions though.

9 Ultimately, you reached the CEO
10 position at Par, correct?

11 A. Started in business development
12 and concluded as the CEO.

13 Q. And you were the CEO from, what,
14 2010 or so?

15 A. No. I was the CEO from 2012 to
16 2015.

17 Q. And, during your time at Par,
18 Par was also in the opioid business,
19 right?

20 A. We had a small portfolio, yes.

21 Q. And, at the time when Endo
22 acquired Par it was in the opioid business
23 still at that point, correct?

24 MR. STERN: Objection to form.

1 A. I'm sorry. Could you repeat
2 that?

3 Q. In 2015 when Endo acquired Par,
4 it was making opioid products for sale,
5 correct?

6 A. Par?

7 Q. Par.

8 A. Yes.

9 Q. I see the confusion with my
10 question.

11 In 2015 when Endo acquired Par,
12 Par was still in the business of making
13 opioid products, correct, sir?

14 MR. STERN: Object to the form.

15 A. Par was manufacturing and either
16 would have acquired and distributed
17 opioids from third parties.

18 Q. Okay. At the point in time in
19 2010 when Endo acquired Qualitest,
20 Qualitest, which you indicated was a
21 generic manufacturer of drugs, they also
22 had a portfolio of opioid products they
23 were manufacturing and distributing,
24 correct?

1 A. That's my general understanding.

2 Q. As of the time you became CEO of
3 Endo, the Endo company prior to the merger
4 was substantially invested in the pain
5 segment.

6 Fair?

7 A. I'm a little confused with your
8 question. I'm sorry. Could you just
9 re --

10 Q. No, no, that's fine. And please
11 do that throughout the day if, for
12 whatever reason, we're not communicating
13 clearly or my questions aren't clear.

14 Prior to the acquisition of the
15 Par assets in 2015, I mean, you were a
16 part of that discussion and negotiation
17 back and forth with Endo?

18 A. For the acquisition of Par, yes.

19 Q. Yes.

20 And Endo ultimately paid, what,
21 8 billion dollars to acquire the Par
22 assets?

23 A. Correct.

24 Q. And if I understand correctly,

1 sir, the Par assets had sold for 2 billion
2 dollars just a few years before that,
3 right?

4 A. 2.2 billion dollars.

5 Q. So roughly a fourfold return for
6 the company, its shareholders, when it
7 sold in 2015?

8 A. Generally, yes.

9 MR. STERN: Objection to the
10 form.

11 BY MR. BUCHANAN:

12 Q. Okay. At the point in time when
13 you were having this discussion with Endo
14 in 2015 about selling Par, becoming
15 involved in Endo, Endo was in the pain
16 business at that point in time, right?

17 A. It had a portfolio of products
18 that were detailed into pain, yes, amongst
19 others.

20 Q. Endo was essentially known as a
21 pain management company, correct?

22 A. In 2015?

23 2015 I think it was
24 transitioning to a specialty company.

1 Q. You recognize historically, sir,
2 that Endo was a pain management company,
3 if we go back to the '90s, early 2000s,
4 2010.

5 Fair?

6 A. Yes.

7 Q. Okay. And its portfolio of
8 products in pain management significantly
9 included opioid products, true?

10 MR. STERN: Objection to the
11 form.

12 A. My understanding was there was a
13 couple of opioid products in the
14 portfolio.

15 Q. Okay. Well, let's see if we can
16 orient ourselves more specifically. We're
17 talking about opioid products today.
18 That's, essentially, the subject of the
19 case, for reasons we'll get into.

20 You have an understanding of
21 really in some sense what opioid products
22 do?

23 A. Generally, yes.

24 Q. Okay. They bind to receptors in

1 the brain, among other things, right?

2 MR. STERN: Objection to the
3 form.

4 A. Sounds reasonable.

5 Q. Okay. They can trigger a series
6 of reactions in the body that can release
7 feelings of pleasure, euphoria, suppress
8 anxiety.

9 Fair?

10 MR. STERN: Objection to the
11 form.

12 A. These areas I really don't know.

13 Q. Okay. Do you have some general
14 sense, sir, that they can lead to a
15 subjective feeling of pleasure and
16 euphoria?

17 A. Generally.

18 Q. Okay. And that's not something
19 that's really new or unique in the
20 portfolio of products that Endo brought
21 out in 1997, right?

22 MR. STERN: Objection to the
23 form.

24 A. I'm not sure I follow your

1 question.

2 Q. I mean, I guess where I was
3 going is that's just the characteristic of
4 opioids, right?

5 MR. STERN: Objection to the
6 form.

7 A. I really don't know the -- the
8 specificity of the characteristics. I
9 just don't, really.

10 Q. Do you have some understanding,
11 sir, more broadly that, I mean, opioids go
12 back thousands of years.

13 Fair?

14 A. Fair.

15 Q. Obviously not in tablet form.
16 In different forms, but derived from the
17 opium poppy?

18 A. Understood.

19 Q. Over time, scientists figured
20 out how to synthesize those into either
21 drugs for pleasure or drugs for treatment?

22 MR. STERN: Objection to the
23 form.

24

1 BY MR. BUCHANAN:

2 Q. Right?

3 A. I don't know about drugs for
4 pleasure.

5 I know that drugs were focused
6 on for pain.

7 Q. Well, I mean, you've heard of
8 opium dens, sir?

9 A. Yes.

10 Q. And I just want to orient
11 ourselves.

12 I mean, this class of drugs that
13 kind of brings us in this room today had
14 predecessor compounds going back thousands
15 of years that had been the subject of
16 abuse and use, right?

17 A. I understand abuse and misuse of
18 opioids, generally speaking, yes.

19 Q. Okay. And really this isn't the
20 first time we've had to deal with issues
21 of opioid abuse, even opioid epidemics?

22 MR. STERN: Objection to the
23 form.

24 A. Again, I'm not -- I'm not sure

1 specifically.

2 Q. I just want to have an
3 understanding, even generally, sir. I
4 mean, as the CEO of a company that still
5 has a portfolio of opioid products, I
6 mean, you do have some understanding that
7 there is a history with opioid products
8 and abuse and addiction, being diverted.

9 Fair?

10 MR. STERN: Objection to the
11 form.

12 A. As a CEO, I am aware of abuse
13 and misuse of opioids over time.

14 Q. But that's something that you
15 didn't have to wait until 2010 to find
16 out, right?

17 A. Me personally?

18 Q. Yeah.

19 A. Generally -- general
20 understanding, it would have been in -- in
21 probably the 2015 time frame that it
22 really became an awareness for me.

23 Q. Okay. We'll see if we can pin
24 that down as we move throughout the day,

1 sir.

2 I mean, just as a person growing
3 up over the last 50 or so years, you have
4 an awareness that drugs, whether it's
5 Morphine, whether it's OxyContin, whether
6 it's heroin, are highly sought and highly
7 abused.

8 Fair?

9 MR. STERN: Objection to the
10 form.

11 A. I am aware that these type of
12 drugs can be abused and misused, yes.

13 Q. And that awareness, sir, you had
14 that prior to 2015?

15 A. Fair, yes.

16 Q. Okay. Well, let's see if we can
17 maybe using this chart as a reference
18 point, see if we can see where the
19 company's various products fit in, if we
20 could.

21 MR. BUCHANAN: Corey, could I
22 have slide 20 up on the screen?

23 I'll pass one over to counsel.
24 What exhibit number will this

1 be?

2 I'm going to pass you Exhibit
3 202, a copy for the witness and
4 counsel.

5 MR. STERN: Thank you.

6 (Campanelli Exhibit 202,
7 document, was marked for
8 identification, as of this date.)

9 BY MR. BUCHANAN:

10 Q. Sir, I'll represent to you that
11 in the course of litigation, what happens
12 is we exchange information with each
13 other. You'll give us a bunch of
14 documents. We'll give you documents and
15 both sides will try and sift through that
16 and see what the state of play is.

17 From records produced through
18 Endo over the years, we have an
19 understanding that Endo made various
20 oxycodone products.

21 Do you have that awareness, sir?

22 A. Yes.

23 Q. Okay. And on the left-hand
24 column we see several different, if you

1 will, formulations of those products
2 together with brand names that were used
3 from time to time.

4 Do you see those?

5 A. Yes.

6 Q. Percocet, that's your brand,
7 right?

8 A. Correct.

9 Q. Percocet's been a brand of the
10 company since the '70s, correct?

11 A. I know it's been approved for
12 many years. I'm not sure about the
13 specific date.

14 Q. Okay. And Percocet contains
15 oxycodone as its active pharmaceutical
16 ingredient, correct?

17 A. I believe that's one of them.

18 Q. What is the active
19 pharmaceutical ingredient, sir, in
20 OxyContin?

21 A. Oxycodone.

22 Q. Okay. And, so, we see that the
23 company here, Endo, is a manufacturer of
24 Percocet, an oxycodone product, as well as

1 another product called Endocet.

2 Do you see that?

3 A. Yes.

4 Q. Do you recognize that, sir, as
5 the generic formulation of the company's
6 Percocet product?

7 A. Yes.

8 Q. And for years, sir, the company
9 made, marketed and sold Endocet, correct?

10 A. Yes.

11 MR. STERN: Objection to the
12 form; lack of foundation.

13 BY MR. BUCHANAN:

14 Q. Endocet and Percocet. There's
15 also a reference to Percodan and Endodan.
16 Percodan is also your brand,
17 right?

18 MR. STERN: Object to the form.

19 A. I'm not familiar with it. I see
20 it on the sheet here.

21 Q. Okay. Do you recognize that,
22 sir, as the combination of oxycodone and
23 aspirin?

24 A. I'm not familiar with the drugs.

1 Q. Okay. I take it you wouldn't
2 dispute if we had records from -- from
3 your company that said you sold a bunch of
4 Percodan and Endodan that you actually did
5 so?

6 MR. STERN: Objection to the
7 form.

8 A. I -- I don't know, but I
9 wouldn't have any reason to dispute it.

10 Q. Fair enough.
11 There's a reference to oxycodone
12 ER.

13 Do you see that?

14 A. Yes.

15 Q. That's the generic formulation
16 of a brand product, right, sir?

17 A. Yes.

18 Q. And please tell the jury what
19 the brand name of that product is.

20 A. OxyContin extended-release.

21 Q. And you sold a bunch of those
22 pills?

23 MR. STERN: Objection to the
24 form.

1 BY MR. BUCHANAN:

2 Q. Right?

3 A. We sold -- we sold the product.

4 Q. And we're going to talk about
5 volume at some point today.

6 I mean, at what point is it a
7 lot of product, sir? I mean, are billions
8 of pills a lot of product?

9 MR. STERN: Objection to the
10 form.

11 A. I never thought about it in
12 terms of what a lot is. It's usually
13 based upon what the wholesalers' purchase
14 orders are.

15 Q. Right.

16 Would you be surprised to learn,
17 sir, that you sold billions of
18 oxycodone-containing products?

19 MR. STERN: Objection to the
20 form.

21 A. Again, if that was based upon a
22 purchase order, it would not surprise me.

23 Q. Okay. We'll have a chance,
24 hopefully, to look at that today.

1 And then we see Percolone and
2 Endocodone as two additional formulations
3 of oxycodone-containing products.

4 Do you see those?

5 A. I see the names.

6 Q. You're aware, sir, that
7 oxycodone products were target of abuse
8 and diversion in the market.

9 Fair?

10 MR. STERN: Objection to the
11 form.

12 A. I'm sorry. Could you say that
13 again?

14 Q. You're aware that
15 oxycodone-containing products were a
16 target of abuse and diversion in the
17 market?

18 MR. STERN: Objection to the
19 form.

20 A. I'm aware that it's -- it's
21 abused and misused.

22 Q. Okay. Let's look at the next
23 column, sir. And I didn't go into each of
24 the -- staying in the left column for a

1 moment, the oxycodone column.

2 You made a number of different
3 formulations in each of those products.
4 Well, not for all of them, but for some of
5 them.

6 Fair?

7 MR. STERN: Objection to the
8 form.

9 A. Again, I'm personally
10 familiar -- familiar with about three of
11 these products. I -- I'm not familiar
12 with every product on this sheet here in
13 the left column.

14 Q. I take it some of these products
15 were more popular than others?

16 MR. STERN: Objection to the
17 form.

18 A. I don't know if they were
19 popular or not. I'm just not familiar
20 with their names.

21 Q. Okay. Well, some of these were
22 bigger sellers than others?

23 A. I'm familiar with Endocet. I'm
24 familiar with oxycodone ER and I'm

1 familiar with Percocet.

2 Q. Okay. Let's move forward now to
3 hydrocodone.

4 Company made a number of
5 hydrocodone-containing products, correct?

6 A. I'm familiar with one product in
7 this column here, the Hydro/APAP.

8 Q. And hydrocodone/APAP if we were
9 trying to link that with a brand name,
10 that would be Vicodin, right?

11 A. That's my understanding.

12 Q. So in the oxycodone column we
13 have you all making Percocet and the
14 generic form of OxyContin as kind of
15 common trade names, right?

16 MR. STERN: Objection to the
17 form.

18 A. I'm sorry. Could you say that
19 one more time?

20 Q. Yeah.

21 In the oxycodone column, just so
22 we can kind of link this up with some
23 branded names to the extent that they're
24 not branded names, we have you making

1 Percocet, OxyContin generic and Percodan
2 as brands.

3 Fair?

4 MR. STERN: Objection to the
5 form.

6 A. Percocet is the brand name.
7 Endocet is the generic name and oxycodone
8 ER is a generic name for OxyContin ER.

9 Q. Okay. Moving over to the second
10 column from the left, hydrocodone. We see
11 you all making Vicodin, generic Vicodin.
12 Excuse me.

13 MR. STERN: Objection to the
14 form.

15 A. We make a generic version of
16 Vicodin, which is hydrocodone/APAP.

17 Q. Okay. Another drug that was
18 sought after and abused.

19 Fair?

20 MR. STERN: Objection to the
21 form.

22 A. Again, it -- I'm aware that has
23 been abused and misused.

24 Q. Okay. And then we have Morphine

1 in the middle. Morphine sulphate.

2 Do you see that?

3 A. Yes.

4 Q. That was another product that
5 you made, right?

6 MR. STERN: Objection to the
7 form.

8 A. It's a product that -- it's a
9 generic version that was made, I believe,
10 at Qualitest.

11 Q. Sir, I'll represent to you that
12 the data that I'm showing on this chart is
13 just for Endo.

14 I take it sitting here today --

15 MR. STERN: Objection.

16 BY MR. BUCHANAN:

17 Q. You can accept my representation
18 or not. I will tell you that that's what
19 the data reflects.

20 MR. STERN: Objection; lack of
21 foundation.

22 MR. BUCHANAN: Okay.

23 BY MR. BUCHANAN:

24 Q. Do you have any basis to

1 disagree, sir, that Endo actually made
2 morphine sulphate over the years, ER?

3 A. I can't dispute that.

4 Q. Okay. Let's go one further
5 notch to the right. Oxymorphone.

6 These were some big products for
7 the company, right?

8 A. These were products which were
9 distributed by Endo, yes.

10 Q. Marketed, promoted, distributed,
11 sold.

12 Fair?

13 A. Correct.

14 Q. We've got Opana, Opana ER and
15 Opana ER reformulated, correct?

16 A. Yes.

17 Q. And then we have another product
18 off to the right hydromorphone.

19 Do you see that?

20 A. Yes.

21 Q. And, are you familiar, sir, with
22 the concept of MMEs, Morphine equivalents?

23 A. Yes.

24 Q. There's different potencies of

1 the various opioids with regard to the
2 effects on the various receptors in the
3 brain.

4 Fair?

5 A. I don't know that.

6 Q. You're familiar, sir, that
7 certain products --

8 MR. BUCHANAN: Withdrawn.

9 Q. Within your business, sir,
10 certainly within the way these products
11 are promoted, a consideration that's to be
12 given with regard to dosing is how much
13 stronger in terms of potency the drug is
14 gram-for-gram relevant to Morphine.

15 Correct?

16 MR. STERN: Objection to the
17 form.

18 A. I know that MMEs are based on
19 the milligram equivalents.

20 Q. Okay. So, for example, one
21 milligram of Morphine -- excuse me.
22 Probably easier to go this direction.

23 MR. BUCHANAN: Withdrawn.

24 Q. One milligram of oxymorphone,

1 your Opana products, is equivalent to
2 three milligrams of Morphine, right?

3 A. That -- that appears correct.

4 Q. Okay. Three-to-one --

5 A. Correct.

6 Q. -- is the MME conversion, right?

7 And with regard to your
8 oxycodone products and Morphine, that's,
9 what, one-and-a-half-to-one?

10 MR. STERN: Objection to the
11 form.

12 A. Yes.

13 Q. And, so, essentially what that
14 means, sir, is that if we're looking at a
15 30 milligram Opana tablet, 30 milligram
16 Opana tablet --

17 MR. BUCHANAN: Withdrawn.

18 MR. STERN: Here comes the math.

19 MR. BUCHANAN: Thank you.

20 That's why I went to law school.

21 Withdrawn.

22 Q. If we look at a 30 milligram
23 Opana tablet or any of the oxymorphone
24 tablets there, that translates into

1 roughly 90 milligrams of Morphine, right?

2 A. Three-to-one.

3 Q. Three times 30, I think I can do
4 that without my calculator. That's 90
5 milligrams. All right.

6 Okay. So, these are the Endo
7 products, sir.

8 Let me pass you over Qualitest's
9 products.

10 (Campanelli Exhibit 203,
11 document, was marked for
12 identification, as of this date.)

13 BY MR. BUCHANAN:

14 Q. We talked a moment ago, sir,
15 about Qualitest's role and involvement
16 with regard to opioids and its
17 relationship with Endo.

18 Passing you what we're marking
19 as Exhibit 203. Just let me know when you
20 have that, sir.

21 (Pause.)

22 Q. Sir, I'll represent to you that
23 this is just a graphic reflecting the
24 various products that have been identified

1 in the order records from Qualitest over
2 the years.

3 We see, again, three columns.
4 And we're having some difficulty, I think,
5 showing the heading on the screen. It's
6 kind of blacked out right now.

7 But on your printout, you can
8 see the headings, correct, sir?

9 A. Yes.

10 MR. STERN: I'm sorry,
11 Mr. Buchanan. By headings do you mean
12 hydrocodone, oxycodone and
13 oxymorphone?

14 MR. BUCHANAN: I did. Thanks
15 for the clarification, counsel.

16 BY MR. BUCHANAN:

17 Q. So, the heading at the top of
18 Exhibit 203 says "Qualitest opioid drugs,"
19 correct?

20 A. Yes.

21 Q. On the left-hand side we have
22 hydrocodone.

23 Do you see that?

24 A. Yes.

1 Q. In the middle we have oxycodone,
2 right?

3 A. Yes.

4 Q. And to the far right we have
5 oxymorphone?

6 A. Yes.

7 Q. Okay. And do you have the
8 knowledge, sir, that in fact Qualitest was
9 in the business of making, selling and
10 distributing hydrocodone opioid products?

11 MR. STERN: Objection; lack of
12 foundation. Objection to the form.

13 BY MR. BUCHANAN:

14 Q. You can answer.

15 A. I'm aware that Qualitest
16 manufactured hydrocodone.

17 Q. Okay. And we talk hydrocodone
18 products, we're talking about
19 hydrocodone/APAP, that's that Vicodin
20 tablet, right? Or the brand?

21 A. That's my understanding. Okay.

22 Q. And we go to the middle column
23 here and we see oxycodone again and we
24 have oxycodone APAP at the bottom.

1 I think you told us a few
2 minutes ago oxycodone APAP would be the
3 Endo-branded product Percocet, right?

4 A. Correct.

5 Q. And then we have other oxycodone
6 tablets which if they were ER would be
7 OxyContin, right?

8 A. If they were ER.

9 Q. And if you just sold them plain,
10 it would just be OxyContin, right?

11 MR. STERN: Objection to the
12 form.

13 BY MR. BUCHANAN:

14 Q. IR?

15 A. IR here is an immediate release
16 product.

17 Q. Thank you.

18 Then on the right we have
19 oxymorphone, that's the active ingredient
20 in that drug that you marketed under the
21 brand name Opana, correct?

22 MR. STERN: Objection to the
23 form.

24 A. Oxymorphone here is a generic

1 version of Opana IR.

2 Q. And we're already using terms
3 that may not be clear. I guess IR is
4 immediate release?

5 A. Correct.

6 Q. ER is extended-release?

7 A. Correct.

8 Q. Okay. So when we talk about
9 oxycodone ER, which I think you said was
10 OxyContin, that's oxycodone
11 extended-release, right?

12 A. Yes.

13 Q. If you're talking oxycodone IR,
14 that's the active ingredient in OxyContin
15 but for immediate-release?

16 A. Yes.

17 Q. Thank you. All right.

18 Let's go forward to the next
19 one. Some Par products.

20 Can we pass over, please,
21 Exhibit 204?

22 (Campanelli Exhibit 204,
23 document, was marked for
24 identification, as of this date.)

1 BY MR. BUCHANAN:

2 Q. I think you told us, sir, that
3 you were the CEO of Par from 2012 to 2015,
4 correct?

5 A. Correct.

6 Q. And you worked there, I think,
7 from, what, 2000 to 2012 in various roles
8 as you escalated through the management
9 ranks, right?

10 A. Yes, from 2001 through 2015.

11 Q. Okay. Let's just kind of get in
12 context, if you will, where Par was in the
13 mix, okay.

14 Par made fentanyl products,
15 right?

16 A. No.

17 Q. No, sir?

18 A. No.

19 Q. We have shipping records that
20 reflect that you were selling fentanyl.

21 A. Par sold fentanyl.

22 Q. Fair enough.

23 So the fuss or the disagreement
24 was "make" versus "sold"?

1 MR. STERN: Objection to the
2 form.

3 A. Correct.

4 Q. And help me out, sir.

5 You didn't make, but you
6 acquired it?

7 A. Correct.

8 Q. And then sold it?

9 A. Yes.

10 Q. Does that mean you had a
11 contract manufacturer?

12 A. Yes.

13 Q. For each of these columns here
14 in the chart, and I probably should have
15 oriented us a little bit, these are Par
16 opioid drugs as we've identified from, if
17 you will, the order records that Par has
18 provided to us.

19 Fair?

20 MR. STERN: Objection to the
21 form.

22 BY MR. BUCHANAN:

23 Q. I'll tell you that. That's my
24 representation.

1 Do you recollect, sir, selling
2 fentanyl-containing products while at Par?

3 MR. STERN: Objection to the
4 form.

5 A. Par sold two forms of fentanyl
6 products.

7 Q. Okay. They sold fentanyl
8 citrate?

9 A. Yes.

10 Q. And that's the lozenge or
11 lollipop?

12 A. Correct.

13 Q. You also sold fentanyl patch?

14 A. We sold fentanyl patch for a
15 period of time.

16 Q. Okay. You also sold Morphine,
17 right?

18 MR. STERN: Objection to the
19 form.

20 A. We sold Morphine.

21 Q. Okay. Same qualification that
22 you provided with regard to fentanyl, sir.
23 That you sold it but didn't make it?

24 MR. STERN: Objection to the

1 form.

2 A. Par manufactured and sold
3 Morphine.

4 Q. You did, okay.

5 Let's look at oxycodone ER, sir.

6 That would be the OxyContin,
7 right?

8 A. Yes.

9 Q. So, Par, did they manufacture
10 and sell generic OxyContin?

11 A. No. Par sold.

12 Q. Okay. And with regard to
13 hydrocodone, looks like you sold some
14 liquids. That would be the active
15 ingredient in Vicodin hydrocodone, right?

16 MR. STERN: Objection to the
17 form.

18 MR. BUCHANAN: I'll withdraw.

19 BY MR. BUCHANAN:

20 Q. Hydrocodone, that's the active
21 ingredient in Vicodin?

22 A. Correct.

23 Q. And you sold hydrocodone
24 liquids, fair?

1 MR. STERN: Objection to the
2 form.

3 A. Par sold, did not manufacture,
4 Tussionex.

5 Q. Okay. And, certainly you were
6 kind of boots on the ground, so to speak,
7 or maybe not on the ground, but you were
8 at Par between 2010 and 2015 when these
9 products were either being made and sold
10 or sold by Par.

11 Fair?

12 A. Fair.

13 Q. Okay. You have recollection
14 that those were, in fact, active products
15 in the Par portfolio eligible for
16 purchase.

17 Fair?

18 A. Yes.

19 Q. Okay. You can set that aside.

20 MR. BUCHANAN: You can take that
21 down, Corey. Thank you.

22 BY MR. BUCHANAN:

23 Q. We're doing pretty good on
24 agreeing with one another on the various

1 facts, sir. I imagine we'll have some
2 fuss at some point today, but I want to
3 see if there's an area where we agree
4 there's no fuss.

5 No dispute, sir, that there is
6 an opioid epidemic in the country today.

7 Fair?

8 MR. STERN: Objection to the
9 form.

10 A. There's no dispute that there's
11 an opioid abuse epidemic.

12 Q. You're qualifying it with the
13 word "abuse"?

14 A. Correct.

15 Q. I see.

16 When did you become aware that
17 there was an opioid epidemic of any form,
18 sir?

19 MR. STERN: Objection to the
20 form.

21 A. Where it resonated was in the
22 2015 time frame.

23 Q. Okay.

24 MR. BUCHANAN: Can I have

1 Exhibit 1?

2 (Campanelli Exhibit 1, document,
3 was marked for identification, as of
4 this date.)

5 BY MR. BUCHANAN:

6 Q. To make this, I guess, easy
7 today, hopefully. We'll see if it works.
8 We've got a good portion of the day's
9 exhibits in a binder before you. We've
10 got a copy for your counsel.

11 MR. BUCHANAN: Here you are
12 (handing). There you go.

13 Q. The tab is the exhibit number.
14 So when I say go to Exhibit 1, please, you
15 can just go to Tab 1. Okay.

16 I will reference additional
17 numbers today. That's more for my tech
18 down the end of the table so he can put
19 them up on the screen for our benefit.

20 MR. STERN: Mr. Buchanan, excuse
21 me. These will be marked. There's no
22 exhibit stickers on mine. They're
23 going to be -- we can deal with this
24 on a break. We just need to make sure

1 we get them in the record the right
2 way.

3 MR. BUCHANAN: The witness's are
4 marked.

5 MR. STERN: They are, okay.

6 MR. BUCHANAN: We have an
7 exhibit tab in the corner, hopefully
8 if we've passed you the right binder,
9 sir.

10 MR. STERN: Yep. Thank you.

11 (Pause.)

12 BY MR. BUCHANAN:

13 Q. Sir, before you is --

14 MR. STERN: I'm sorry,
15 Mr. Buchanan. Can we straighten
16 out -- we can go off the record for a
17 minute? It will be my time. I just
18 want to straighten out the binders.

19 MR. BUCHANAN: That's fine.

20 THE VIDEOGRAPHER: All right.

21 The time is 9:47 a.m.

22 Off the record.

23 (Discussion held off the
24 record.)

1 THE VIDEOGRAPHER: Okay. The
2 time is 9:47 a.m.

3 Back on the record.

4 BY MR. BUCHANAN:

5 Q. Sir, do you have before you the
6 binder that we passed you with exhibits
7 for today?

8 A. Yes.

9 Q. Okay. If you turn to Tab 1,
10 that should be Exhibit 1 for today's
11 deposition. There should be a notation on
12 the bottom right corner.

13 A. Okay.

14 MR. BUCHANAN: I'm going to ask
15 my tech, please, to pull up 1888,
16 E1888, for those viewing this.

17 Q. Sir, in 2011, the CDC declared
18 an epidemic, right?

19 A. I'm not sure that's what this is
20 saying.

21 Q. Well, before you, sir, we have
22 the November 2011 CDC Vital Signs Alert,
23 correct?

24 A. Correct.

1 Q. It says: Prescription painkiller
2 overdoses in the U.S.

3 Do you see that?

4 A. Yes.

5 Q. Let's look at the first
6 sentence.

7 Could you read that into the
8 record, sir?

9 A. (Reading) Deaths from
10 prescription painkillers - with an
11 asterisk - have reach epidemic levels in
12 the past decade.

13 Q. Okay. Let's pause on that.

14 In 2011, the CDC declared a
15 prescription painkiller death overdose
16 epidemic.

17 Correct?

18 MR. STERN: Objection to the
19 form.

20 A. That's what it says.

21 Q. And we see what prescription
22 painkillers are being referred to,
23 correct?

24 A. I see that.

1 Q. There's a footnote at the bottom
2 it says: Prescription painkillers refers
3 to opioid or narcotic pain relievers,
4 including drugs such as Vicodin - in
5 parentheses - hydrocodone.

6 You see that?

7 A. I see it.

8 Q. Each of the three entities'
9 drugs that we looked at included
10 hydrocodone products.

11 Fair?

12 MR. STERN: Object to the form.

13 A. I see the products listed.

14 Q. We looked at drug charts just a
15 moment ago, sir. I think it was 202, 203,
16 204.

17 You recall that?

18 A. I recall.

19 Q. Each of the products -- excuse
20 me. Each of the charts reflect drug
21 products made by Endo, Par and Qualitest
22 with the active ingredient hydrocodone,
23 correct?

24 MR. STERN: Objection to the

1 form.

2 A. Not all made.

3 Q. Sold, sir.

4 A. Yes.

5 Q. Okay. I understand that as a
6 matter of the way you have chosen to do
7 business at various points in time, you
8 being a royal you, sometimes you contract
9 out manufacturing, correct?

10 A. Correct.

11 MR. STERN: Objection to the
12 form.

13 BY MR. BUCHANAN:

14 Q. Nonetheless, you marketed and
15 sold, you being Qualitest, Par and Endo,
16 hydrocodone-containing products, correct?

17 MR. STERN: Objection to the
18 form.

19 A. We sold.

20 Q. Okay. So as it relates to the
21 first category, Vicodin, in parens
22 hydrocodone, we can agree that Par, Endo
23 and Qualitest all made
24 hydrocodone-containing products, correct?

1 A. We sold these products
2 containing these actives.

3 Q. We can agree, sir, that Par,
4 Endo and Qualitest also sold
5 oxycodone-containing products, correct?

6 MR. STERN: Objection to the
7 form.

8 A. The company sold
9 oxycodone-containing products.

10 Q. Okay. And with regard to
11 oxycodone-containing products, not just
12 any oxycodone products. The company also
13 sold generic OxyContin.

14 Correct?

15 MR. STERN: Objection to the
16 form.

17 A. Par sold OxyContin
18 extended-release generics.

19 Q. And for a period of time, Endo
20 did as well, correct?

21 MR. STERN: Objection to the
22 form.

23 A. Endo sold immediate-release
24 OxyContin.

1 Q. Okay. And for a period of time,
2 sir, in the mid-2000s, Endo actually sold
3 extended-release generic OxyContin,
4 correct, sir?

5 MR. STERN: Objection to the
6 form.

7 A. I don't know the answer to that.

8 Q. Okay. Let's move on to the next
9 item. Opana oxymorphone.

10 Is that a product that was
11 marketed and sold by Endo?

12 A. Yes.

13 Q. That was your brand?

14 MR. STERN: Objection to the
15 form.

16 A. It's an Endo brand.

17 Q. And we looked at documents --
18 excuse me, the charts of the various
19 products sold by Endo, Par and Qualitest.
20 We see other formulations of oxymorphone
21 that were sold by the three entities.

22 Fair?

23 MR. STERN: Objection to the
24 form.

1 A. There are other tablet forms
2 of -- of the molecules that you've
3 referenced.

4 Q. Okay. So, fair that when we
5 read deaths from prescription painkillers,
6 with an asterisk there, we see that the
7 CDC is referring to prescription
8 painkillers sold by the three entities now
9 composed in Endo, correct?

10 MR. STERN: Objection to the
11 form.

12 A. I see the words that CDC
13 published.

14 Q. Okay. Those words "deaths from
15 prescription painkillers" have reached
16 what, sir?

17 A. Epidemic levels.

18 Q. This is 2011, the end of 2011, I
19 guess at a point in time when you're
20 assuming the role or getting really to
21 assume the role of CEO of Par
22 pharmaceuticals, correct?

23 A. Correct.

24 Q. Par was making products

1 containing these active ingredients?

2 MR. BUCHANAN: Excuse me.

3 Withdrawn.

4 Q. Par was selling products
5 containing these active ingredients for
6 the treatment of pain in 2012, correct,
7 sir?

8 A. Par was selling some of the
9 molecules that are listed in this asterisk
10 section of this article.

11 Q. Okay. You see, sir, that enough
12 prescription painkillers were prescribed
13 in 2010 to medicate every American adult
14 around the clock for a month?

15 MR. STERN: Objection to the
16 form.

17 BY MR. BUCHANAN:

18 Q. Do you see that, sir?

19 A. No, I don't.

20 Q. It's on the screen, and
21 sometimes that might be easier, but you're
22 certainly welcome to look at either.

23 Do you see the second highlight?

24 A. Yes.

1 Q. Enough prescription painkillers
2 were prescribed in 2010 to medicate every
3 American adult around the clock for a
4 month.

5 You did not have that awareness
6 in 2012?

7 MR. STERN: Objection to the
8 form.

9 A. No, I did not have that
10 awareness.

11 Q. You did not have the awareness
12 that deaths from prescription painkillers
13 had reached epidemic levels?

14 A. No, I did not have that
15 awareness.

16 Q. Let's go to the next page, sir.
17 (Reading) Overdose deaths from
18 prescription painkillers have skyrocketed
19 during the past decade.

20 Do you see that at the top of
21 the page, sir?

22 A. Yes, I see the words.

23 Q. This is the CDC, right?

24 A. Yes.

1 Q. Center For Disease Control end
2 of 2011, correct?

3 A. Correct.

4 Q. Did you have that awareness,
5 sir?

6 MR. STERN: Objection to the
7 form.

8 BY MR. BUCHANAN:

9 Q. As of the end of 2011 or prior
10 to 2015, sir?

11 A. No, I did not have that
12 awareness.

13 Q. It states again: Problem.
14 You see that on the left in
15 white.

16 (Reading) Prescription
17 painkiller overdoses are a public health
18 epidemic.

19 You see that, sir?

20 A. I see that.

21 Q. (Reading) Prescription
22 painkiller overdoses killed nearly 15,000
23 people in the U.S. in 2008. This is more
24 than three times the 4,000 people killed

1 by these drugs in 1999.

2 You see that?

3 A. I see it.

4 Q. It's getting bad.

5 MR. STERN: Object to the form.

6 BY MR. BUCHANAN:

7 Q. Right?

8 A. What's getting bad?

9 Q. This problem.

10 Prescription painkiller
11 overdoses are a public health epidemic.

12 Is that not bad?

13 A. That's bad.

14 Q. This bad thing, sir, you were
15 not aware of until 2015?

16 A. Again, it will be resonated in
17 2015.

18 At this point in time, whilst I
19 was not aware, our business was based upon
20 purchase orders that we receive from our
21 customers.

22 Q. Well, sir, you had to decide as
23 a company, Par, Endo, Qualitest, you had
24 to decide what you were going to choose to

1 make and sell.

2 Fair?

3 A. Yes.

4 Q. And there is not some
5 requirement by law in your corporate
6 charter that you're going to sell drugs
7 even in the face of an epidemic, right?

8 MR. STERN: Objection to the
9 form.

10 A. What we do is, and I think you
11 and I would both agree that pain is also
12 important to be able to -- to address in
13 America. We receive purchase orders from
14 our customers that are valid purchase
15 orders. We produce to a demand plan based
16 upon our customer's purchase order.

17 Q. Right. But you said, referring
18 to Par, that this was not a big portion of
19 your Par portfolio, and you were starting
20 to make some of these products in this
21 time frame.

22 Fair?

23 A. Correct.

24 Q. Okay. But you had to choose to

1 enter the market when you did to sell
2 opioids in the midst of an epidemic.

3 A. We chose to enter into products
4 that were opioid-based in a mindful,
5 thoughtful manner based upon purchase
6 orders in a demand plan from our
7 customers.

8 Q. Right. But with regard to
9 opioid products or controlled substances,
10 sir, it's not quite that simple, right?

11 MR. STERN: Object to the form.

12 A. I'm not sure what you mean.

13 Q. They're controlled substances,
14 right?

15 A. Correct.

16 Q. You've got to acquire active
17 pharmaceutical ingredients to make
18 controlled substances, right?

19 A. Correct.

20 Q. You've got to keep them in
21 safes, right?

22 A. Correct.

23 Q. By law, right?

24 A. Correct.

1 Q. Because the active
2 pharmaceutical ingredients that we're
3 talking about, oxymorphone, hydrocodone,
4 oxycodone, are extremely, extremely
5 dangerous, right?

6 MR. STERN: Object to the form.

7 A. When misused and abused, yes.

8 Q. Am I correct, sir, that in your
9 factories that make products containing
10 these controlled substances, you've got to
11 have two employees watching the movement
12 of the pills from the left to the right in
13 the warehouse, right?

14 A. Correct.

15 Q. These drugs are prone to
16 diversion, right?

17 MR. STERN: Object to the form.

18 A. They're prone to misuse and
19 abuse.

20 Q. They are prone to addiction,
21 right?

22 MR. STERN: Object to the form.

23 A. When misused and abused.

24 Q. That is not something you needed

1 an alert from the CDC to know, correct?

2 A. Again, it's not like we're
3 pumping out tablets without
4 responsibility. We have a customer
5 requirement based upon their purchase
6 orders and that's what we're adhering to.

7 There's processes and procedures
8 in place.

9 Q. But what it sounds like you had
10 to do, sir, is, with regard to several of
11 the controlled substances that Par made,
12 you said they didn't make them. You had
13 to hire a contract manufacturer to make
14 them for you in this 2012 to 2015 period.

15 Right? Am I correct on that?

16 A. Third parties manufactured these
17 products for us, several of these
18 products, of which systems and procedures
19 would have been placed with our third
20 party, as well as Par Pharmaceutical.

21 Q. So you decided, sir, that this
22 was something you would like to sell and
23 you went out and negotiated terms with
24 manufacturers to make those pills so you

1 could sell them into this epidemic
2 described by the CDC in 2011?

3 MR. STERN: Objection to the
4 form.

5 A. Again, we negotiated with third
6 parties to have third parties manufacture
7 the products with systems and procedures
8 in place in a thoughtful manner based upon
9 purchase orders from our -- our customers.

10 Q. Let's look at the right, sir.
11 It says: The supply of prescription
12 painkillers is larger than ever.

13 Do you see that?

14 A. I see it.

15 Q. You were filling that supply.

16 A. We were filling a supply based
17 upon customer purchase orders which would
18 have been based upon prescriptions.

19 Q. There's no question, sir, that
20 there were issues with the prescriptions
21 that were being written for these drugs.

22 Right, sir?

23 MR. STERN: Objection to the
24 form.

1 A. I don't know the answer to that.

2 Q. Well, let's read the next
3 bullet. I'm sorry, the second bullet
4 after that: Many states report problems
5 with pill mills.

6 Do you see that?

7 A. Yes.

8 Q. What's a pill mill, sir?

9 A. These are pain clinics that are
10 misusing opioids or other controlled
11 substances.

12 Q. Pain clinics, there's a doctor
13 there, right?

14 A. It's my understanding.

15 Q. There's often a long line of
16 people in there, right?

17 MR. STERN: Objection to the
18 form; lack of foundation.

19 A. I don't know that answer.

20 Q. Do you have any foundation on
21 that? I mean, you're not aware of what
22 pill mills look like?

23 A. I'm aware --

24 MR. STERN: Object to the form.

1 A. I'm aware of what a pill mill
2 is.

3 I'm not aware of long lines
4 coming out of pill mills.

5 Q. Doctors having their assistants
6 fill out prescriptions for patients
7 without actually conducting even a visit,
8 right?

9 MR. STERN: Object to the form.
10 BY MR. BUCHANAN:

11 Q. Or an examination?

12 MR. STERN: Objection to the
13 form.

14 A. That appears to be a legal, that
15 I -- something I don't know much about.

16 Q. Well, certainly, sir, you
17 wouldn't want your sales team calling on
18 pill mills, right?

19 MR. STERN: Objection to the
20 form.

21 A. Are you referring to Par or
22 Endo? Just so I'm clear.

23 Q. I'm referring to the entities
24 that compose the current Endo.

1 A. The current Endo?

2 Q. Mm-hm.

3 A. We don't sell into -- into this
4 class of trade any longer.

5 Q. As the CEO, you accept
6 responsibility for the company's conduct,
7 correct?

8 MR. STERN: Objection to the
9 form; calls for a legal conclusion.

10 BY MR. BUCHANAN:

11 Q. I'm not asking for a legal
12 conclusion.

13 Do you view yourself as
14 accountable for the acts of the company?

15 MR. STERN: Objection to the
16 form.

17 A. I -- I -- I'm certainly
18 responsible for the company being in my
19 position since September 2016.

20 Q. Right. And the company had an
21 existence prior to that point in time,
22 right?

23 A. Through a different leadership
24 team.

1 Q. And the company's responsible
2 for its acts over that period of time.

3 Fair?

4 MR. STERN: Object to the form.

5 A. I'm sorry? Could you repeat the
6 question?

7 Q. Sure.

8 I said the company's responsible
9 for the acts that it engaged in before you
10 joined the company, right?

11 MR. STERN: Object to the form.

12 A. I'm not really sure exactly what
13 you're saying. Could you clarify it for
14 me.

15 Q. Well, I'm just -- do you disavow
16 the company's conduct that preceded you?

17 MR. STERN: Objection to the
18 form.

19 BY MR. BUCHANAN:

20 Q. Preceded your presence at Endo
21 in 2015?

22 MR. STERN: Objection to the
23 form.

24 A. I'm not sure what the company

1 did before my tenure. So I'm not sure how
2 to respond to that question.

3 Q. I mean, you certainly wouldn't
4 endorse improper activity by the employees
5 of Endo if it was brought to your
6 attention today, correct?

7 A. If something that was improper
8 brought to my attention today in my --
9 under my leadership, I would not endorse
10 it.

11 Q. And you wouldn't endorse that
12 conduct if it happened before you were
13 there; would you?

14 A. I would need to understand what
15 the specific details of what occurred and
16 understand both sides of an issue.

17 Q. Okay. How about that? I mean,
18 have you -- have you had that internal
19 investigation done for the, you know, the
20 early 2000s with regard to what Endo did
21 and its marketing and promotion of
22 opioids?

23 MR. STERN: Objection to the
24 form.

1 And to the extent this relates
2 to interactions with lawyers, I'd
3 instruct him not to answer.

4 MR. BUCHANAN: Just the fact.

5 A. I haven't looked into any matter
6 pre my -- my position as CEO.

7 Q. Okay. I mean, you have talked
8 about Endo's history publicly, correct?

9 A. At a very, very high level.

10 Q. Right.

11 I take it, sir, you'd want to be
12 aware, frankly, of issues that may have
13 happened with the regard -- with regard to
14 the way Endo conducted itself; wouldn't
15 you?

16 MR. STERN: Objection to the
17 form.

18 A. Again, I would rely on my
19 counsel to tell me if there was issues
20 that -- that were concerning.

21 Q. You've heard the phrase "history
22 repeats itself"?

23 A. I'm aware of the situation -- of
24 the -- the phrase.

1 Q. Certainly, sir, you'd want to be
2 aware of history that may be negative to
3 insure that it doesn't repeat itself,
4 right?

5 MR. STERN: Objection to the
6 form.

7 A. It's a very general question,
8 counselor.

9 I'm highly focused on our
10 branded specialty force right now. It's a
11 very different category.

12 Q. Okay. So, the supply of
13 prescription painkillers is larger than
14 ever. That's what the CDC said in 2011.

15 Right?

16 A. Could you point me to where
17 you're looking?

18 Q. Yeah. It's on the right-hand
19 side of the chart on the screen. That's
20 the easiest way for me to orient you.

21 A. Okay. Thank you.

22 Q. No worries.

23 A. I see that back in 2011, yes.

24 Q. (Reading) Many states report

1 problems with pill mills where doctors
2 prescribe large quantities of painkillers
3 to people who don't need them medically.
4 Some people also obtain prescriptions from
5 multiple prescribers by doctor shopping.

6 Do you see that, sir?

7 A. I see it.

8 Q. And my question to you a moment
9 ago was you certainly wouldn't want to
10 have sales reps, during this period of
11 time, sir, detailing pill mills, right?

12 A. Fair.

13 Q. Certainly wouldn't want to be
14 doing that at a point in time when
15 prescription painkiller overdoses are an
16 epidemic, right?

17 MR. STERN: Object to the form.

18 A. Certainly wouldn't want to do it
19 knowingly, all right.

20 So, I just want to make sure
21 we're clear here. I am not entirely sure
22 that it's common knowledge what a pill
23 mill is.

24 If there was a sign on the door

1 that said pill mil, clearly I would not
2 want my sales reps to -- to detail into
3 something like that.

4 Q. I'd assume you try and hire
5 people, sir, that would be even more
6 astute than just looking for a sign that
7 said pill mill, right?

8 A. Again, we're getting into an
9 area that I'm just not real familiar with.
10 So, I don't know if a sales rep
11 can determine a pill mill or not.

12 Q. Okay. Just as a matter of
13 common sense, sir. If a sales rep was
14 walking into a doctor office where there
15 were long lines, people were urinating and
16 getting sick in the waiting room, with
17 aggressive behavior, administrative staff
18 were filling out prescriptions without
19 visits, and there's a sign instructing
20 which particular pharmacies will actually
21 fill the doctor's prescriptions.

22 Would you expect your sales
23 team, sir, to be astute enough to report
24 that up and not call on that office?

1 MR. STERN: Objection to the
2 form and lack of foundation.

3 A. Again, as you define something
4 so broad and egregious, I would hope that
5 we have systems in place and training that
6 would make that occur.

7 Q. You certainly wouldn't endorse
8 any activity by your company or its
9 employees to market and promote your
10 products into that physician's office,
11 right?

12 MR. STERN: Objection to the
13 form; lack of foundation.

14 A. I would hope we have training
15 procedures that would make the sales rep
16 aware.

17 Q. I take it, sir, if you were
18 aware that sales reps were marketing and
19 promoting into that office and not
20 reporting it up, you'd seek discipline
21 related to that?

22 A. Yes.

23 Q. And you'd certainly hope that
24 the predecessor entity, or prior to your

1 time at Endo, that their leadership would
2 have done the same, right?

3 MR. STERN: Objection to the
4 form.

5 A. With that series of facts that
6 you've just communicated, yes.

7 MR. BUCHANAN: Okay. Can we go,
8 please, to point 3.

9 Let's -- can we blow up that
10 chart on the top right?

11 Q. And there's probably an easier
12 to read blowup on your screen, sir.

13 We're at 1888.3. Again still in
14 Exhibit 1. Rates of prescription
15 painkiller sales, death and substance
16 abuse treatment admissions 1990 to 2010.

17 Do you see that, sir?

18 A. Yes.

19 Q. It plots three things, right?

20 A. Yes.

21 Q. Sales.

22 Do you see that?

23 A. Yes.

24 Q. Deaths?

1 A. Yes.

2 Q. And treatment, right?

3 A. Yes.

4 Q. Sales going up over the years.

5 See that?

6 A. Yes.

7 Q. Deaths going up over the years.

8 See that?

9 A. Yes.

10 Q. Treatment admissions going up
11 over the years?

12 A. I see it.

13 Q. Not good.

14 MR. STERN: Objection to the
15 form.

16 BY MR. BUCHANAN:

17 Q. Can we agree?

18 A. Could you be more specific?

19 Q. In any sense, is this good, sir,
20 other than with regard to shareholders
21 calculating sales?

22 A. Increase in deaths is not good.

23 Q. Increase in admissions for
24 treatment secondary to opioid abuse is not

1 good?

2 MR. STERN: Objection to form;
3 lack of foundation.

4 A. Again, sales, deaths and
5 substance abuse increasing obviously is
6 not a good thing. Deaths increasing is
7 not a good thing.

8 Q. Okay. Your counsel objected on
9 the basis of lack of foundation. I guess
10 that's because you said this was nothing
11 you were aware of prior to 2015.

12 Is that right?

13 A. That's correct. I haven't seen
14 this before.

15 Q. And you told us that Par, the
16 company you were CEO of, in 2012 to 2015,
17 prior to the acquisition, was bringing new
18 opioid products to market at that point in
19 time, right?

20 A. Can you be a little more
21 specific with that question?

22 Q. I thought you told us earlier
23 today that Par brought some new opioid
24 products to market in this 2012 to 2015

1 period of time.

2 Did I misunderstand you?

3 MR. STERN: Object to the form.

4 A. I -- I -- I'm not -- I don't
5 think we brought new opioid products to
6 the market after 2012.

7 Q. And when I say "new to the
8 market," I mean new for Par.

9 A. Yeah, I don't think we brought
10 new generics to the market past 2012 that
11 were opioids.

12 Q. I'll see if we can provide you
13 some information, and maybe I can get more
14 precise.

15 But would it be fair to say that
16 when you were the CEO of Par, none of your
17 leadership team, nobody in
18 pharmacovigilance, nobody came to you and
19 said sir, there's a big problem with
20 prescription painkillers?

21 A. Again, as a generic company,
22 what we're doing is we're developing
23 substitutable products, and it's all based
24 off of the customers orders, as I said.

1 We certainly have our professionals in
2 place to keep our systems and procedures
3 at -- at what we hope is the highest
4 level, but that's the job of a generic is
5 to -- to develop a -- an AB-rated
6 substitutable product based upon the
7 customer's purchase order. That's what we
8 do.

9 Q. And just so we stay with my
10 question, and hopefully I get a responsive
11 answer.

12 Would it be fair, sir, that
13 nobody in Par told you that there was a
14 prescription drug epidemic prior to 2015?

15 A. To the best of my knowledge, no.

16 Q. What is the CDC, sir?

17 A. Center For Disease Control.

18 Q. The CDC declared a prescription
19 drug epidemic.

20 MR. STERN: Objection to the
21 form.

22 BY MR. BUCHANAN:

23 Q. In 2011.

24 MR. STERN: Objection to the

1 form.

2 BY MR. BUCHANAN:

3 Q. Right?

4 A. That's what it says.

5 Q. You at Par in 2011 were the CEO
6 of a drug company, right?

7 A. No.

8 Q. In 2012, sir?

9 A. Yes.

10 Q. A month after this came out?

11 A. Yes.

12 Q. Endo was in the opioid business,
13 in a big way, in 2011, right?

14 MR. STERN: Objection to the
15 form.

16 A. Endo sold several products that
17 contained opioids.

18 Q. Endo's Qualitest subsidiary that
19 it bought in 2010 was in opioids in a big
20 way?

21 MR. STERN: Object to the form.

22 A. Qualitest manufactured and sold
23 a number of -- of opioid-based products.

24 Q. Would you agree, sir, that

1 there's a direct correlation -- there's a
2 direct correlation on this chart between
3 increasing sales, increasing deaths and
4 increasing treatments?

5 MR. STERN: Objection to the
6 form; lack of foundation.

7 A. That's what it says.

8 Q. Do you agree?

9 MR. STERN: Objection to the
10 form.

11 BY MR. BUCHANAN:

12 Q. As the CEO of a pharmaceutical
13 company in this space?

14 MR. STERN: Objection to the
15 form; lack of foundation.

16 A. Can you just repeat the question
17 one more time for me, sir?

18 Q. Do you agree, sir, that there's
19 a direct correlation on this chart between
20 increasing sales, increasing deaths and
21 increasing treatments?

22 MR. STERN: He answered that
23 question. You asked a different
24 question.

1 A. Clearly you can see all three
2 lines are increasing over -- over time.

3 Q. You agree there's a correlation
4 between them?

5 MR. STERN: Objection; form;
6 lack of foundation.

7 A. I certainly would like to have
8 more information tied back to this
9 document I've never seen before, but I can
10 see over time how as sales are increasing,
11 deaths are increasing and treatment is
12 also increasing.

13 Q. So, it would seem to reason,
14 sir, that --

15 MR. BUCHANAN: Withdrawn.

16 Q. If I could, sir, I'd like to
17 take you to Exhibit 3.

18 (Campanelli Exhibit 3, document,
19 was marked for identification, as of
20 this date.)

21 BY MR. BUCHANAN:

22 Q. Should be the third tab in your
23 binder. Let's just make sure you and your
24 counsel are in synch.

1 You appear to be.

2 MR. BUCHANAN: Corey, Exhibit 3
3 is E715.

4 BY MR. BUCHANAN:

5 Q. Exhibit 715, sir, is a document
6 from 2011 concerning Endo's REMs. And I'd
7 like to take you to, specifically --
8 you're welcome to peruse the pages, if
9 you'd like. I'm going to take you to
10 dot-15. And this is an Endo internal
11 document.

12 You see the Bates numbers in the
13 bottom right corner, sir?

14 A. Yes.

15 Q. It indicates that we received
16 these files from -- from the company.

17 And this is a slide prepared by
18 the company.

19 A. Do you want me to go to the
20 slide?

21 Q. Yeah, if you could. It's
22 715.15.

23 MR. STERN: When Mr. Buchanan
24 says dot-15, look at the top right.

1 MR. BUCHANAN: And I guess it's
2 going to be hard. You have to turn
3 landscape. So give yourself enough
4 room to turn the binder.

5 THE WITNESS: Okay. I'm sorry.

6 MR. BUCHANAN: No worries.

7 THE WITNESS: Okay.

8 BY MR. BUCHANAN:

9 Q. Before you, sir, is Exhibit 3.
10 We're on page dot-15.

11 You see there's a slide within a
12 slide, so to speak, right?

13 A. I see it, yes.

14 Q. There's a CDC slide there:
15 Unintentional overdose deaths involving
16 opioid analgesics parallel opioid sales
17 United States, 1997 to 2007.

18 Do you see that?

19 A. Yes, I see it.

20 Q. It talks about distribution by
21 drug companies and what the average
22 milligram per person were distributed in
23 1997, right?

24 A. Yes, I see that.

1 Q. You see that first bullet?

2 A. Yes.

3 Q. 96 milligrams per person in
4 1997?

5 A. Yes.

6 Q. And looks like about, what
7 that's, seven times more over ten years?

8 A. About.

9 Q. Okay. So in ten years, and
10 let's just orient ourselves, sir.

11 There had been opioids on the
12 market prior to 1997, right?

13 A. Yes.

14 Q. This is not a situation where
15 opioids are discovered in 1997, right?

16 A. No.

17 Q. There had been Morphine. There
18 had been morphine sulphate. There had
19 been MS Contin.

20 There had been drugs on the
21 market for years to provide opioid-related
22 benefits or opioid-related risks, right?

23 A. Opioids had been on the market
24 prior to 1997.

1 Q. So, what we see here, sir, is
2 from 1997 to 2007 a seven-fold increase in
3 the amount of drugs that are being pushed
4 out to Americans, right?

5 MR. STERN: Objection to the
6 form.

7 BY MR. BUCHANAN:

8 Q. Opioids.

9 MR. STERN: Objection to the
10 form.

11 A. Again, I see a seven-fold
12 increase from 1997 to 2007.

13 Q. And the CDC helpfully gives us
14 some context on what that means. 698
15 milligrams per person in 2007.

16 You see that?

17 A. Yes.

18 Q. Enough for every American to
19 take a 5 milligram Vicodin every four
20 hours for three weeks.

21 Do you see that?

22 A. That's what it says, yes.

23 Q. We also see overdose deaths and
24 what they were in 1999.

1 You see that?

2 A. I do.

3 Q. What's that number?

4 A. 2,901.

5 Q. And what they are in 2007

6 11,499.

7 Do you see that, sir?

8 A. Yes.

9 Q. Not good.

10 MR. STERN: Object to the form.

11 BY MR. BUCHANAN:

12 Q. Can we agree?

13 A. It's increased substantially.

14 Q. Could we say that's scary?

15 MR. STERN: Object to the form.

16 A. I don't know the answer to the
17 definition of scary.

18 It's significantly increased.

19 Q. Well, we know, certainly, sir,
20 that no one inside of Par was scared
21 enough about this opioid epidemic to bring
22 it to your attention in 2011, right?

23 MR. STERN: Objection to the
24 form.

1 A. I don't know if we were aware of
2 this at Par.

3 Q. Wow.

4 MR. STERN: Objection.

5 BY MR. BUCHANAN:

6 Q. Are you serious?

7 MR. STERN: Objection to the
8 form.

9 A. Yes.

10 Q. Well, in this Endo Power Point,
11 sir, from 2011, we see the slide within
12 the slide. We talked about the CDC slide.
13 And what the Endo folks observe is that
14 the relationship between unintentional
15 overdose deaths and sales of RX.

16 RX means prescription.

17 Is that right?

18 A. That's what it says.

19 Q. And prescription opioids a
20 direct correlation.

21 Do you see that, sir?

22 A. I see how they're both
23 increasing.

24 Q. Well, at least the Endo folks at

1 the time, the company you're now president
2 and CEO of, said a direct correlation
3 between unintentional overdose deaths and
4 sales of prescription opioids, correct?

5 MR. STERN: Objection to the
6 form; lack of foundation.

7 A. I see the slide, yes.

8 Q. And they put some emphasis on it
9 for us, right? They bold it, italicized
10 it, call it out, right?

11 MR. STERN: Object to the form.

12 BY MR. BUCHANAN:

13 Q. A direct correlation?

14 MR. STERN: Object to the form.

15 A. Again, you're showing me an Endo
16 slide. While I see this, I'm not sure
17 whether or not Par would have been aware
18 of this. It's possible.

19 This is referring to a REMS
20 program. Clearly we would have REMS-based
21 products, a program for opioids. So there
22 may have been the proper professionals
23 within Par that knew it. I don't know the
24 answer to that.

1 As the CEO, this is something
2 that may or may not get to my level.
3 That's may -- that may be what's going on
4 here, sir.

5 Q. Well, we could agree, sir, that
6 at least within Endo, Endo had the
7 awareness in 2011 --

8 A. We can agree that --

9 Q. Let me just finish my question
10 first.

11 We can agree, sir, that at least
12 within Endo, Endo had the knowledge of the
13 direct correlation between unintentional
14 overdose deaths and sales of prescription
15 opioids as reflected on this chart,
16 correct, sir?

17 A. What we can agree is that Endo
18 had the knowledge and at the professional
19 level, if we're going back to the e-mail,
20 the communication of where this material
21 went, is you can see it did not go to a
22 CEO level at Endo. It's quite possible
23 that Par had the same knowledge and also
24 would not have gone to the CEO level.

1 Q. It's still an epidemic today,
2 right?

3 MR. STERN: Object to the form.

4 A. We have an opioid abuse crisis.

5 Q. I mean, the CDC did not stop
6 writing about this in 2011, right, sir?

7 A. I'm sure they did not.

8 Q. Okay. You've seen the 2016 CDC
9 guidelines?

10 A. Where am I --

11 Q. Have you seen the 2016 CDC
12 guidelines, sir?

13 A. No, I have not.

14 Q. Could you go, please, to
15 Exhibit 2.

16 (Campanelli Exhibit 2, document,
17 was marked for identification, as of
18 this date.)

19 MR. BUCHANAN: Corey, could you
20 pull up E729?

21 BY MR. BUCHANAN:

22 Q. Sir, let's go to the first page,
23 dot-1. CDC guideline for prescribing
24 opioids for chronic pain. United States

1 2016.

2 Do you see that?

3 A. I do.

4 MR. BUCHANAN: Let's go to
5 dot-4, Corey.

6 Actually, let's just pull up
7 slide 44, Corey. And we'll just mark
8 this.

9 You can look at the full
10 document, sir. At any point when I
11 show you a slide today that's based on
12 an exhibit, feel free to look at the
13 full.

14 THE WITNESS: Okay.

15 MR. STERN: I'm sorry,
16 Mr. Buchanan. I don't have a 44.

17 MR. BUCHANAN: It's being passed
18 over to you.

19 MR. STERN: Thank you.

20 MR. BUCHANAN: I wasn't sure we
21 were going to need to use it.

22 What exhibit number?

23 This is Exhibit 205, a
24 demonstrative aid, sir.

1 (Campanelli Exhibit 205,
2 document, was marked for
3 identification, as of this date.)

4 BY MR. BUCHANAN:

5 Q. You are free, of course, to look
6 at the page, which is dot-4, or you're
7 free to look at the demonstrative that's
8 on the screen.

9 MR. STERN: Just to be clear,
10 Mr. Buchanan, for the record, what's
11 Exhibit 205, the demonstrative is not
12 the same thing as dot-4. You just
13 said he can look at the screen or he
14 can look at --

15 MR. BUCHANAN: It is. It is.

16 MR. STERN: What? I may be on
17 the wrong 44.

18 MR. BUCHANAN: I'm sorry.
19 You know what, let's clarify.

20 MR. STERN: Should we hold on to
21 these?

22 (Pause.)

23 MR. BUCHANAN: I'm not clear on
24 the confusion, sir.

1 MR. STERN: Your representation
2 made it seem as though, and maybe I
3 misunderstood you, that dot-4 of
4 Exhibit 2 was the same document as
5 205.

6 So here's dot-4 and here's 205
7 (indicating).

8 MR. BUCHANAN: Let me see.

9 MR. STERN: These may be
10 excerpts.

11 MR. BUCHANAN: No. To be clear,
12 in the top right corner it says E729
13 of the --

14 MR. STERN: Right.

15 MR. BUCHANAN: Okay. E729, sir,
16 is the source of the quotes that are
17 on the slide.

18 MR. STERN: The source. I'm
19 sorry.

20 I just want the record to be
21 clear that what is portrayed on 205 is
22 the not same thing as the text of
23 dot-4.

24 MR. BUCHANAN: That's fine. I

1 accept that, sir. The text is as
2 reflected --

3 MR. STERN: In here.

4 MR. BUCHANAN: Yes.

5 For simplicity for the witness
6 on a dense page, we prepared these.

7 BY MR. BUCHANAN:

8 Q. Sir, you are free to refer to
9 E729.4, which is the hard copy of the
10 document.

11 MR. STERN: May I have a moment,
12 Mr. Buchanan, just to explain to Mr.
13 Campanelli.

14 So, this dot-4 refers to that
15 dot-4.

16 THE WITNESS: Got it.

17 MR. STERN: And these are
18 purported to be excerpts of this page.
19 This is the preceding page, the dot-3.

20 THE WITNESS: Okay.

21 BY MR. BUCHANAN:

22 Q. With that confusion hopefully
23 clarified either some by me or others, I'm
24 not sure, but I am ready to go if you are,

1 sir.

2 Are you familiar that the CDC
3 issued guidelines concerning the
4 prescription of opioids for chronic pain
5 in 2016?

6 A. Not specifically.

7 Q. Okay. In their prescribing
8 guidelines, sir, they describe the
9 epidemic.

10 You see that on page dot-4 of
11 Exhibit 2?

12 A. This sheet, sir (indicating)?
13 Where am I looking? Am I
14 looking at this sheet?

15 Q. You can look at either.

16 A. I see these words. I assume
17 that they're in the same.

18 Q. (Reading) From 1999 to 2014,
19 more than 165,000 people -- persons died
20 from overdose related to opioid pain
21 medications in the United States.

22 Do you see that, sir?

23 A. I see that.

24 Q. That's alarming, right?

1 A. Yes.

2 Q. That is not good.

3 MR. STERN: Objection to the
4 form.

5 BY MR. BUCHANAN:

6 Q. Fair?

7 A. Fair. Very bad.

8 Q. We saw, sir, a moment ago the
9 direct correlation between sales and
10 deaths.

11 Do you recall that?

12 A. I saw the sales going up and I
13 saw the increase in deaths, yes.

14 Q. As the executive of a
15 pharmaceutical company looking at a
16 situation, sir, did you assess the role
17 that your sales played in escalating
18 opioid deaths over the years?

19 MR. STERN: Objection to the
20 form.

21 A. I did not assess my sales with
22 the opioid deaths.

23 We did take actions to stop
24 selling product.

1 Q. Okay. So then would it be fair
2 to say, sir, that you recognized that your
3 sale of opioid products was leading to
4 over -- overdose deaths?

5 MR. STERN: Objection to the
6 form; lack of foundation.

7 A. We were aware in 2016 when the
8 product was abused or misused it would
9 lead or could lead to deaths.

10 Q. Okay. We'll talk about that in
11 greater detail a little later.

12 A. Okay.

13 Q. (Reading) In the past decade -
14 according to the CDC - while the death
15 rates for the top leading causes of death,
16 such as heart disease and cancer, have
17 decreased substantially, the death rate
18 associated with opioid pain medications
19 has increased markedly. Sales of opioid
20 pain medication have increased in parallel
21 with opioid-related overdose deaths.

22 Do you see that, sir?

23 A. I see that.

24 Q. That's the point we were talking

1 about?

2 MR. STERN: Mr. Buchanan, I
3 apologize. Can you, as you're doing
4 this, it's totally fine, I understand
5 what you're doing. Can you at least
6 give us -- tell us where these
7 excerpts are appearing on the page?

8 MR. BUCHANAN: I'm happy to have
9 somebody try and highlight this as we
10 proceed. I'd rather continue with my
11 examination in the form that I'm
12 doing.

13 MR. STERN: Okay. Well, then
14 hold on just one moment so I can
15 orient myself.

16 (Pause.)

17 MR. STERN: Thank you.

18 BY MR. BUCHANAN:

19 Q. And just before counsel's
20 question or interruption, I want to get
21 back to my question.

22 That was: In the past decade,
23 while the death rates for the top leading
24 causes of death, such as heart decease and

1 cancer, have decreased substantially, the
2 death rate associated with opioid pain
3 medication has increased markedly. Sales
4 of opioid pain medication have increased
5 in parallel with opioid-related overdose
6 deaths.

7 Did I read that correctly, sir?

8 A. Yes.

9 Q. Okay. That's that point we were
10 talking about a moment ago, sir, that
11 direct correlation between increasing
12 sales and increasing prescription overdose
13 opioid deaths, correct?

14 A. I see the parallel.

15 Q. (Reading) In 2013 - the CDC
16 continues - on the basis of DSM-IV
17 diagnosis criteria, an estimated 1.9
18 million persons abused or were dependent
19 on prescription opioid pain medications.

20 Do you see that, sir?

21 A. I do.

22 Q. That's not good.

23 MR. STERN: Object to the form.

24

1 BY MR. BUCHANAN:

2 Q. Do you agree?

3 A. Is that a question?

4 Q. It is.

5 A. I'm sorry. Could you ask it
6 again?

7 Q. Do you agree, sir, that that's
8 not good?

9 MR. STERN: Object to the form.

10 A. 1.9 million persons abuse is not
11 good.

12 Q. Does it surprise you, sir, that
13 that abuse and dependence is having real
14 consequences on communities in this
15 country?

16 MR. STERN: Object to the form.

17 A. I'm aware of the impact in the
18 communities.

19 Q. You're aware of the billions and
20 billions of dollars of financial impact,
21 human toll, loss of life, disruption to
22 family --

23 MR. STERN: Objection.

24 Q. -- that is being suffered in the

1 communities in this country.

2 True?

3 MR. STERN: Objection to form;
4 lack of foundation.

5 A. I'm certainly -- I'm not aware
6 of the dollar amount you just indicated,
7 but clearly I am aware and sympathetic to
8 the families in the communities all around
9 the United States.

10 Q. That awareness, sir, you
11 reached, it took four years, four years
12 for you, sir, as a pharmaceutical
13 executive, CEO of a company, to even
14 become aware of the existence of a
15 problem?

16 MR. STERN: Objection to the
17 form and mischaracterizing --

18 BY MR. BUCHANAN:

19 Q. Following the CDC announcement
20 in 2011?

21 MR. STERN: Objection to the
22 form and mischaracterizing the
23 witness's testimony.

24 A. As I said before, in 2015, the

1 2015 time frame, it started to resonate
2 with me.

3 Q. Would it surprise you, sir, if
4 this had resonated with people, with
5 families, with government agencies, with
6 the CDC in a massive human toll all around
7 you for years and years before 2015?

8 MR. STERN: Objection to the
9 form; lack of foundation.

10 A. Can you -- can you rephrase that
11 for me so I understand it better?

12 Q. I'm saying, sir, would it
13 surprise you, there's 165,000 overdose
14 deaths secondary to prescription pain
15 medication between 1999 and 2014 and
16 you're saying, sir, that did not resonate
17 with you until 2015?

18 MR. STERN: Objection to the
19 form.

20 A. I was aware of an issue in terms
21 of the use of it being an epidemic abuse
22 issue, that did not resonate with me until
23 2015. In my role, again, I was aware of
24 orders that would come in to our office

1 and we would process in normal course
2 based upon wholesaler use. That's what we
3 were doing.

4 Q. By definition, sir, as the
5 company selling controlled substances, you
6 know those substances, people want to get
7 them out of that controlled system, right?

8 MR. STERN: Object to the form.

9 A. We have systems and procedures
10 to protect against that.

11 Q. They are products that are
12 targets for abuse and diversion, right?

13 MR. STERN: Object to the form;
14 lack of foundation.

15 A. They could be. And that's why
16 we have systems and procedures and safes
17 and security cameras to help curb that.

18 Q. 165,000 people in 15 years died
19 from these pain medications in the United
20 States.

21 You see that?

22 MR. STERN: Object to the form.

23 A. I see it.

24 Q. The estimate was in 2011 some

1 400,000 treatment admissions every year
2 for opioid-related treatment secondary to
3 addiction or dependence.

4 You recall that?

5 A. No. I'm not following the
6 question, sir.

7 Q. Do you recall in the 2011 sheet,
8 sir, 400,000 or so admissions for
9 treatment?

10 A. Okay. I recall that.

11 Q. Does it surprise you, sir, that
12 there is a vast human toll that goes back
13 not just to 2015, 10, 15, 17, 18 years
14 since you were marketing and promoting
15 these drugs?

16 MR. STERN: Objection to the
17 form.

18 A. As I sit here today, I clearly
19 understand it. It's a terrible situation.
20 We also have a duty and a responsibility
21 that there's millions of people that need
22 these drugs as well.

23 It's a terrible situation on the
24 deaths. I admit to that. And for that a

1 lot of people feel terrible, including
2 myself.

3 Q. How many hundreds of people did
4 Par have working at in 2012, 2013, 2014?

5 A. I'm sorry?

6 Q. How many hundreds of people did
7 Par have working at it in 2012, '13, '14?

8 A. Probably about a thousand.

9 Q. Not one of a thousand people,
10 sir, in that entity brought the epidemic
11 to your desk and said "I've got real
12 concerns about what we're doing here"?

13 A. As I sit here today, I don't
14 recall. I'm not saying it didn't happen,
15 but I don't -- I don't recall that
16 happening.

17 MR. BUCHANAN: I suggest we take
18 a short break.

19 MR. STERN: Sure.

20 THE VIDEOGRAPHER: Remove your
21 microphones, please.

22 The time is 10:38 a.m.

23 Off the record.

24 (Recess taken.)

1 THE VIDEOGRAPHER: We are back
2 on record.

3 The time is 10:53 a.m.

4 BY MR. BUCHANAN:

5 Q. Sir, I'd like to circle back to
6 where we were finishing. We were talking
7 about kind of where we were, so to speak,
8 in the last several years with regard to
9 this epidemic.

10 I want to kind of see where your
11 products kind of fit into the mix, if
12 that's okay.

13 Do you still have Exhibit 202?
14 You remember that pill chart we were
15 looking at?

16 MR. BUCHANAN: Can you pull up
17 202, Corey? Slide 20.

18 BY MR. BUCHANAN:

19 Q. And these are the various
20 products that Endo has marketed and sold
21 over the years, correct, sir?

22 A. I -- I know that it's marketed
23 Opana. I'm not sure if it marketed or
24 pro -- I know it marketed and promoted

1 Opana and Percocet. That I do know.

2 Q. Okay. Two big brands for the
3 company?

4 A. Two brands, yes.

5 Q. Okay. Let's -- let's kind of
6 talk about what that means in terms of
7 sales.

8 MR. BUCHANAN: I'm sorry. Can
9 we go off the record for a moment?

10 THE VIDEOGRAPHER: The time is
11 10:55 a.m.

12 Going off the record.

13 (Recess taken.)

14 (Campanelli Exhibit 206,
15 document, was marked for
16 identification, as of this date.)

17 THE VIDEOGRAPHER: We are back
18 on the record.

19 The time is 11:03 a.m.

20 BY MR. BUCHANAN:

21 Q. Sir, passing you what we've
22 marked as Exhibit 206. This is a chart of
23 Endo's various products over the years and
24 sales volume in pills, or extended units.

1 I'll represent to you, sir, that it's
2 generated from data that's been identified
3 to us by defense counsel, Endo's counsel,
4 in this litigation.

5 We can see --

6 MR. BUCHANAN: If you go to the
7 far left column, please, Corey.

8 Q. We can see, if you will, various
9 products listings on the left and we can
10 see sales volume in extended units.
11 That's pills, or conversions for other
12 types of formulations, over the various
13 years. And we see going back to 1999 Endo
14 was making Endocet.

15 You see that, sir?

16 A. Yes.

17 Q. I think you told us, and we saw
18 in the prior exhibit, that Endocet was a
19 generic form of Percocet, right?

20 A. Correct.

21 Q. So, in 1999, Endo made some 160
22 million Endocet tablets, according to
23 shipment data and reflected on this chart,
24 correct, sir?

1 A. Yes.

2 Q. We see Percocet, some hundred
3 million or so tablets, 102, 101.

4 You see that?

5 A. Yes, I see it.

6 Q. Okay.

7 MR. BUCHANAN: And we can scroll
8 it all the way to the right, maybe,
9 Corey. If you can split the screen so
10 we can kind of see where we were with
11 the product listing on the left and
12 the total pills that were sold on the
13 right.

14 There's a totals column, Corey.
15 Can you just give us the totals?

16 There we go. Great.

17 Can you get them to the same
18 scale, roughly, so we can line them
19 up? And really all I need is the
20 totals column, Corey.

21 Thank you.

22 There we go. And if you can
23 mush them together so we can kind of
24 see the products and see the totals.

1 And they're a little off, I guess.

2 There we go.

3 BY MR. BUCHANAN:

4 Q. So, you can see, sir, Endocet
5 total sales of this Percocet generic
6 formulation over the years roughly 4.2
7 billion pills.

8 You see that, sir?

9 MR. STERN: Objection to the
10 form.

11 A. No. No, I don't see that.

12 Q. If you go to the far right
13 column total pills sold over the course of
14 the period of time?

15 A. You -- your question flipped on
16 me, just so you know.

17 Q. Fair enough. Sorry about that.

18 Do you understand my question
19 now to be referring to total sales of
20 Endocet between the period of time they
21 started selling it until they stopped
22 would be about 4.2 billion Endocets?

23 A. I think you need to clarify your
24 question, sir.

1 Q. And, what's confusing about it,
2 or what's tripping us up?

3 A. Are you saying sales or units,
4 sir?

5 Q. I'm sorry. Sales of those
6 units.

7 These are, in fact, the units
8 that have been represented as sold to us.

9 A. Okay.

10 MR. STERN: Not dollars, is the
11 point.

12 MR. BUCHANAN: Fair.

13 MR. STERN: Right.

14 MR. BUCHANAN: Fair.

15 BY MR. BUCHANAN:

16 Q. And I'm -- you sold this volume
17 of pills, sir?

18 A. This sheet indicates that we've
19 sold these unit -- extended units of these
20 pills.

21 Q. Fair enough. Thank you.

22 Yeah, I did not mean to suggest
23 that these are dollars. There's a legend
24 at the top that I think reflects extended

1 units. That's what we're talking about
2 with these numbers.

3 A. Okay.

4 Q. Okay. And we're looking at just
5 the Endo numbers in this chart, I'll
6 represent to you, sir. Okay.

7 MR. STERN: Objection to the
8 form.

9 BY MR. BUCHANAN:

10 Q. So, we see roughly 4.2 billion
11 Endocet units, that's pills, over the time
12 that Endo provided us data from '99 to
13 present, right?

14 A. 4.2 billion extended units.

15 Q. For Percocet we see, as the
16 brand, Endo's brand, we see some 1.6
17 billion extended units, correct?

18 A. Correct.

19 Q. All right. So, those two
20 oxycodone acetaminophen combinations
21 represent almost, what, 6 billion pills
22 sold by Endo for that controlled
23 substance.

24 Is that right?

1 A. About 5.6, 5.7 billion units,
2 yes.

3 Q. Yeah, 5.8 even?

4 A. Okay.

5 Q. There's another line in there
6 oxycodone APAP, I guess they sold a
7 different formulation of Percocet there,
8 right? Or another -- another formulation?

9 A. It's a formulation of oxycodone,
10 yes.

11 Q. Okay. And there's some
12 additional sales off to the right.
13 Doesn't look like too much, I guess,
14 right? Just a million pills, or 845,000?

15 MR. STERN: Objection to the
16 form.

17 A. 845,000 extended units.

18 Q. Okay. And, so, we also see that
19 branded product that you all sold
20 Opana ER --

21 MR. STERN: Objection.

22 Q. -- close to 500 million units
23 sold in that product, right?

24 MR. STERN: Objection to the

1 form.

2 A. Almost 500 million unit --
3 extended units of Opana ER.

4 Q. Okay. And then Morphine, we
5 talked about that on the -- the product
6 chart earlier today, some 1.1 billion
7 units of Morphine, right?

8 A. 1.1 billion extended units, yes.

9 Q. Okay. So, look, we don't have
10 to go through each of these line items to
11 get them into the record, but it's some
12 8.2 billion extended units over the period
13 of time that we received data from Endo
14 for, correct?

15 A. Yes, that's what it says.

16 MR. BUCHANAN: Okay. Could I
17 have the chart, please, for Qualitest?

18 BY MR. BUCHANAN:

19 Q. We looked at that kind of
20 corporate history chart earlier today,
21 sir, and saw that in 2010, Endo acquired
22 either Qualitest, or the assets of
23 Qualitest.

24 Do you recall that?

1 A. Yes.

2 Q. Okay. That was roughly 2010, I
3 believe, when that happened.

4 (Campanelli Exhibit 208,
5 document, was marked for
6 identification, as of this date.)

7 BY MR. BUCHANAN:

8 Q. I'm going to pass you Exhibit
9 208.

10 A. Are we done with this document?

11 Q. For the moment, yes. You can
12 keep them close, but we don't know when
13 we'll need to refer to them.

14 A similar chart, sir, in Exhibit
15 208 to what we looked at for Endo just a
16 moment ago.

17 As we talked about, Qualitest
18 was in the business of making opioid
19 products, right?

20 MR. STERN: Objection; lack of
21 foundation.

22 A. Qualitest manufactured opioids,
23 yes.

24 Q. Okay. Manufactured a lot of

1 them, right?

2 A. It shows 24 billion unit --
3 extended units.

4 Q. Let's pause on that.
5 24 billion?

6 A. Yes.

7 Q. So, if we look at this chart,
8 sir, we see, boy, making a lot of Vicodin,
9 right?

10 MR. STERN: Object to the form.

11 A. Could you show me what product
12 you're referring to?

13 Q. I'm referring to hydrocodone
14 APAP.

15 Do you see that?

16 A. Yes.

17 Q. 18 billion pills.

18 You see that, sir?

19 A. I see it.

20 Q. That's a lot of Vicodin.

21 MR. STERN: Object to the form.

22 A. It's -- it's -- it's significant
23 volume.

24 Q. Market leader in Vicodin?

1 MR. STERN: Object to the form.

2 A. That, I don't know.

3 Q. Okay. Let's look down to -- and
4 there's other hydrocodone products there,
5 sir, and the jury will obviously have this
6 evidence. But I -- I would like to call a
7 few things out.

8 If we could, go down to it looks
9 like Qualitest was also making Endocet,
10 correct?

11 A. Correct.

12 Q. Do you recall, sir, that after
13 Par -- excuse me. Qualitest was acquired
14 by Endo, the generic operations of Endo
15 kind of moved into Qualitest operations?

16 MR. STERN: Object to the form.

17 A. I'm sorry. Could you say that
18 one more time?

19 Q. Yeah.

20 Do you recall, sir, that after
21 Endo acquired Qualitest in 2010, some of
22 the generic portfolio of Endo moved into
23 the operating business of Qualitest? Do
24 you recall that?

1 A. I -- I don't know if that
2 happened in 2010.

3 Q. Okay.

4 MR. BUCHANAN: Can we scroll,
5 Corey, to just see the years from 2010
6 to -- no, actually, if you could kind
7 of just pull the right one over so we
8 could see 2010.

9 Q. So, okay. These are the -- this
10 is product mix. We see Endocets start to
11 be made by Qualitest in 2011.

12 You see that?

13 A. I see that.

14 Q. Okay. Hundred million pills
15 that year, 358 million the next year, 170
16 million the year after that, and it
17 continues.

18 MR. BUCHANAN: Could you go to
19 the right, Corey?

20 Q. For a total of some 880 million
21 Endocets, right?

22 A. I see that, yes.

23 Q. And we've also got Qualitest
24 making Percocet, right?

1 A. Yes.

2 Q. 87 million Percocets made?

3 A. Yes. Qualitest is manufacturing
4 on behalf of Endo at this time.

5 Q. Okay. So, yeah, after -- after
6 the time of the merger, some of the pills
7 that used to be made or contracted for by
8 Endo are now being made or contracted for
9 by Qualitest, right?

10 A. Yes.

11 I'm sorry. You said 2010. I
12 just think it's more like 2011, but yes.

13 Q. And that's just a matter of when
14 the operations get formally integrated,
15 right?

16 A. Seems reasonable.

17 Q. Okay. And, so, let's total this
18 up. So -- actually, before we do that,
19 there's also this other line item for
20 oxycodone APAP.

21 Do you see that?

22 A. Yes.

23 Q. Oxycodone APAP, that would be
24 another way of referring to Percocet,

1 right?

2 A. Yes.

3 Q. Okay. You got Percocet in,
4 essentially, three different buckets at
5 least, right?

6 A. There's a generic form in here.

7 Q. And that would be the oxycodone
8 APAP?

9 A. Correct.

10 Q. Okay. And, so, what we see
11 here, sir, is Qualitest, prior to the time
12 of its acquisition and after the time of
13 its acquisition, pushing out a lot of
14 opioid pills, right?

15 MR. STERN: Object to the form.

16 A. I see the volume here on the
17 paper.

18 Q. 25 billion, right?

19 A. 25 billion extended units, yes.

20 Q. And we can agree that's a lot,
21 right?

22 A. It's a high volume of -- of
23 opioids, or controlled substances.

24 Q. I mean, that's -- that's enough

1 for a hundred count bottle for every adult
2 in the United States, right?

3 A. This is over a 15-year period.

4 Q. The answer to my question
5 though, sir, would be yes, that is enough
6 for a hundred count bottle hydrocodone,
7 oxycodone, oxymorphone, collection of
8 opioid pills manufactured by Qualitest for
9 every adult in the United States, correct?

10 MR. STERN: Objection to the
11 form.

12 A. I don't -- I don't know the
13 answer to that.

14 Q. The answer is you just don't
15 know the population of adults in the
16 United States?

17 A. That's correct.

18 Q. Okay. Does it surprise you that
19 Qualitest made that many opioids?

20 MR. STERN: Object to the form.

21 BY MR. BUCHANAN:

22 Q. I just want to -- are you -- are
23 you learning this sitting here today, or
24 did you have that awareness before you

1 came in today?

2 A. I did not have the specific
3 volume, but it's not surprising that
4 Qualitest had historically been known as
5 an opioid producer. So that -- that --
6 that's -- that's factual. That's known in
7 the industry.

8 Q. Let's look at the bottom, if we
9 could, sir.

10 MR. STERN: I'm sorry, the
11 bottom -- are we still on?

12 MR. BUCHANAN: We're still on
13 this exhibit.

14 MR. STERN: 208.

15 MR. BUCHANAN: Thank you.

16 Exhibit 208.

17 BY MR. BUCHANAN:

18 Q. The screen may or may not be
19 easier. I think probably your -- you can
20 probably read it just fine if you look on
21 the exhibit itself.

22 But, we see, I mean, Qualitest
23 volume of opioids grew quite dramatically.

24 MR. STERN: Objection to the

1 form.

2 BY MR. BUCHANAN:

3 Q. True?

4 A. The generic versions of what
5 they were producing increased.

6 Q. And, so, we look at the counts
7 and we go back to 2001. In fairness, sir,
8 I don't know if that's a full 2001 year's
9 worth of data. This is everything that we
10 were given.

11 2001 reports 162, 162 million
12 pills. I'd suggest probably the better
13 reference point would be 2002.

14 Would you agree with me?

15 A. I would agree with that.

16 Q. Okay. Probably didn't multiply
17 it by five time in one year, right?

18 A. Unlikely.

19 Q. So, in 2002, we see Qualitest
20 made some 721 million opioid pills, right,
21 or other extended units?

22 A. Yes, I see that.

23 Q. 2003 it's grown 846 million,
24 right?

1 A. Yes.

2 Q. Growing in 2004 984 million,
3 right?

4 A. Yes.

5 Q. Growing in 2005 1.2 billion
6 pills, right?

7 A. Yes.

8 Q. Had a little dip in 2006 it
9 looks like, right?

10 A. Agreed.

11 Q. 997 million. A little flat
12 there in 2007 at 1.03 billion.

13 You see that?

14 A. I see it.

15 Q. A billion in 2008. And then
16 2009 growing again.

17 Right?

18 A. I see it.

19 Q. Okay. 1.3 billion pills in
20 2009?

21 A. Correct.

22 Q. One year, right?

23 A. Yes.

24 Q. 1.6 billion in 2010.

1 True?

2 A. Yes.

3 Q. 2.4 billion in 2011, right?

4 A. Yes.

5 Q. 2011 is the year we saw that CDC
6 report about there being an epidemic,
7 right?

8 A. Yes.

9 Q. 3.3 billion, still rising, in
10 2012, right?

11 A. Yes.

12 Q. 2013 we're up to 2.9 billion,
13 correct?

14 A. Correct.

15 Q. And then 3.7 billion in 2014,
16 right?

17 A. Yes.

18 Q. And then in 2015 it's down to
19 2.5 billion, I see, right?

20 A. Right.

21 MR. STERN: Mr. Buchanan, if I
22 may. Ultimately this exhibit will
23 speak for itself.

24 I'd just like to note that we're

1 not being entirely precise with these
2 numbers.

3 MR. BUCHANAN: I appreciate
4 that.

5 BY MR. BUCHANAN:

6 Q. And you can agree, sir, you and
7 I have both been doing a little rounding
8 in our dialogue.

9 Fair?

10 A. Agreed.

11 MR. BUCHANAN: The numbers are
12 on the sheet, and I don't think either
13 side is going to fuss with whatever
14 the data shows is the data.

15 Correct, counsel?

16 MR. STERN: Yes.

17 MR. BUCHANAN: And I'd be to
18 happy to get a stipulation from
19 counsel and put the precise numbers on
20 so we don't have any fuss about that,
21 but that's not an issue for today.

22 BY MR. BUCHANAN:

23 Q. All right. Sir, let's look at
24 the next one.

1 All right. I should indicate in
2 2015, is that the year when Par and
3 Endo/Qualitest came together?

4 A. Yes.

5 Q. And there was some realignment
6 of products among the various portfolio
7 companies beginning in 2015?

8 A. The portfolio were evaluated and
9 we started to synergize products.

10 Q. Okay. And would it be fair to
11 say, sir, that some of the loss in volume
12 between 2014 and 2015 is accounted for by
13 the reallocation of products between Endo,
14 Qualitest and Par as part of that merger
15 process?

16 MR. STERN: Objection; lack of
17 foundation.

18 A. Could you say that one more time
19 for me, sir?

20 Q. Sure.

21 Would it be fair to say, sir,
22 that some of the loss in volume between
23 2014 and 2015 as reflected on the sales
24 for Qualitest, in terms of extended units,

1 is accounted for by the reallocation of
2 products between Qualitest and Endo or
3 Par, or don't you know?

4 A. I don't believe there was a
5 reallocation of products between the
6 portfolios, no. There was not.

7 Q. When did that begin?

8 A. Maybe you can just help me.
9 What do you mean by reallocation?

10 Q. Certain products were deemed to
11 be Qualitest products versus Par products
12 or vice versa, or Endo or Qualitest
13 products or Par products or vice versa, as
14 part of the integration of the companies
15 that began in 2015.

16 Correct?

17 A. I just want to make sure that
18 I'm understanding your question. Is
19 that -- is that your rationale for the
20 decline in -- in volume?

21 Q. I'm just asking you whether that
22 happened.

23 A. Fair enough.

24 The portfolios were combined.

1 The Par and the -- the Par and the
2 Qualitest portfolios were combined.

3 Q. Okay. Well, let's take a look
4 now at the Par sheet. You can set that
5 one aside.

6 MR. BUCHANAN: Could I have,
7 please, Exhibit 207?

8 (Campanelli Exhibit 207,
9 document, was marked for
10 identification, as of this date.)

11 BY MR. BUCHANAN:

12 Q. I saw kind of a smile in
13 recognition when you looked at 207, sir.

14 Do you see that's what happened
15 by looking at the Par data? That, in
16 fact, some products that were not Par
17 products were now kind of on the Par side
18 of the ledger?

19 A. Agreed.

20 Q. Okay.

21 MR. BUCHANAN: Let's pull up,
22 please, E1809, Corey.

23 BY MR. BUCHANAN:

24 Q. All right. We have it on the

1 screen here. This is a spreadsheet that's
2 been generated by us in response to
3 information provided to us by your
4 company, or at least by counsel for the
5 company. And on the left-hand side, like
6 the other charts, it lists the various
7 products that had been kind of on Par's
8 ledger over the years as orders shipped or
9 manufactured by the company.

10 Do you recognize those products,
11 sir? Let's look prior to 2015. Do you
12 recognize those products for which there
13 is shipment data as products that Par was
14 selling during that period of time?

15 A. Yes.

16 Q. Okay. And, so, we see that the
17 company is selling, just for simplicity,
18 sir, we'll look at the pre-2015 period of
19 time just to get a sense of really what
20 the company was doing, okay.

21 Would that be fair?

22 A. Yes.

23 Q. Okay. So, if we look at 2014,
24 for example, this would be some two, three

1 years after the CDC had stated there's an
2 epidemic of prescription drug --
3 prescription drug overdose in this
4 country.

5 Do you see the products that Par
6 was selling that year?

7 A. Yes.

8 Q. What products was Par selling?

9 A. Chlorpheniramine, hydrocodone,
10 which is Tussionex. It sold the -- the
11 fentanyl patch. It sold -- I apologize.
12 I went out of order here. It sold the
13 fentanyl lozenge, again the fentanyl
14 patch. It sold Morphine extended-release
15 tablets. It sold an authorized generic
16 version of oxycodone and it sold oxycodone
17 in combination with acetaminophen.

18 Q. Okay. And, so, just to drill
19 down on that a little. I mean, those
20 are -- the names you just read correlate
21 with the pictures we were looking at on
22 that demonstrative earlier today, on that
23 slide?

24 A. The Par portfolio?

1 Q. Yes.

2 A. Correct.

3 Q. Okay. I just want to make sure
4 that we fairly characterize the Par
5 portfolio.

6 So, in 2014, sir, Par, for the
7 first year in its history, enters the
8 opioid market with Percocet, right?

9 A. With the oxycodone APAP generic
10 product you're referring to?

11 Q. That's what I was referring to.
12 And Corey was kind enough to highlight the
13 actual word I spoke, which is fair.

14 A. Okay.

15 Q. But I was looking at the
16 oxycodone APAP, that would be the generic
17 equivalent of Percocet, correct?

18 A. Correct.

19 Q. You all sold 270 million
20 Percocets that year?

21 A. Correct.

22 Q. One for every person in the
23 United States, or close to it?

24 A. Approximately.

1 Q. So about 400 million units that
2 year of opioid-containing products, right?

3 A. Correct.

4 Q. And as we look forward, sir, we
5 see some 7.7 billion products before and
6 after the merger with Endo attributable to
7 Par, correct?

8 A. Yes. With a decrease in the out
9 years, correct.

10 Q. I think I said products, but
11 more correctly would have said extended
12 units, pills, dosing units, et cetera.

13 Is that fair?

14 A. Thank you. Yes.

15 Q. Okay. These products that we're
16 talking about, sir, oxycodone APAP
17 hydrocodone, Morphine, these are products
18 that were called out as in the CDC's note
19 from 2011, as part of the prescription
20 drug epidemic.

21 Fair?

22 A. That's what the documents refer
23 to, yes.

24 Q. Okay. What I'd like to do, sir,

1 is just kind of, so we can visualize this
2 a little bit.

3 (Pause.)

4 We're going to have one for you
5 as well.

6 MR. BUCHANAN: This is going to
7 be Exhibit 210.

8 (Campanelli Exhibit 210,
9 document, was marked for
10 identification, as of this date.)

11 BY MR. BUCHANAN:

12 Q. All right. So, I'll represent
13 to you, sir, that what we've done, and you
14 can see the source is listed on the
15 bottom, is we've plotted the -- the sales
16 of pills in pills, not dollars, okay.
17 This is the pill volume shipped by the
18 three current Endo entities, Endo,
19 Qualitest and Par.

20 Do you see that?

21 MR. STERN: Objection; lack of
22 foundation.

23 A. Yes.

24 Q. Okay. We can see, sir, that

1 in -- the merger, obviously, with
2 Qualitest happens in 2010, correct?

3 A. Endo and Qualitest occurred in
4 2010, yes.

5 Q. And the merger with Par occurred
6 in 2015, correct?

7 A. Correct.

8 Q. What we've included, sir, so
9 this chart is reflective of the sales of
10 these entities for whatever you've given
11 us data for, is the sales that even
12 preceded those mergers, okay.

13 MR. STERN: Objection to the
14 form.

15 BY MR. BUCHANAN:

16 Q. Just so we're communicating,
17 okay?

18 A. These represent the extended
19 units, correct.

20 Q. Okay. So, what we see, sir,
21 over time in the left-hand column is
22 extended units. There's a legend there,
23 just so we're communicating with each
24 other, and a legend on the bottom that

1 says extended units are pills or dosage
2 units, et cetera, okay.

3 Is that the way you report
4 things in terms of shipments in your
5 business, sir?

6 A. I'm sorry?

7 Q. Do you report extended units in
8 the pharmaceutical business?

9 A. Probably units.

10 Q. Units would be bottles?

11 A. Correct.

12 Q. Have you seen the reports that
13 also calculate the extended units?

14 A. Yes.

15 Q. Okay. So it's a fair way to
16 report, if you will, the volume for a
17 product. Fair?

18 A. It's my understanding.

19 Q. Okay. So, we have here extended
20 units over the years, and we can see that,
21 you know, Endo, not -- we don't have data
22 prior to '99 and maybe not even a full
23 year for '99, but Endo at its early stage
24 is less than a billion pills, half a

1 billion it looks like while it's getting
2 started. You know, the yellow lines grow
3 and I guess kind of approach a billion in
4 maybe 700, 800 million in 2009.

5 You see that?

6 A. Yes.

7 Q. And then after 2010 there's some
8 reallocation of products between Endo and
9 Qualitest in terms of their relative,
10 which company's responsible for that.

11 Do you understand that, sir?

12 A. In 2010 it appears that
13 there's -- Qualitest is producing generic
14 versions of Endo's products and that's
15 why, I assume, it's increasing from
16 Qualitest.

17 Q. You see that Endo's attribution
18 declines over time while Qualitest's go
19 up, right?

20 A. Correct.

21 Q. And, is that something like what
22 happened with Par and Qualitest in 2015, a
23 reallocation of products between the two
24 companies?

1 A. That's what appears to be
2 happening, yes.

3 Q. We see, obviously, the sales for
4 Par in 2014, 2015, and they shift fairly
5 dramatically between Par and Qualitest,
6 right?

7 A. Yes.

8 Q. Okay. So, reorienting us.

9 In 2011, we looked at that CDC
10 note talking about the epidemic
11 prescription drugs and overdoses.

12 We can see that the Endo,
13 Qualitest and Par entities are growing
14 business, right?

15 MR. STERN: Mr. Buchanan, just
16 for the record, object to this
17 demonstrative to the extent it makes
18 it appear as though certain entities
19 were unified at times when they were
20 not. The earlier testimony elaborated
21 the corporate history and we'd
22 respectfully submit that this
23 demonstrative is potentially
24 misleading on that point.

1 MR. BUCHANAN: I believe the
2 entities are defendants, and so I
3 understand your statement, counsel,
4 but I probably disagree with whatever
5 inference you're trying to draw from
6 it.

7 MR. STERN: I'm not trying to
8 draw an inference. It's just that in
9 2003, for example, Endo and Qualitest
10 were not the same company. In fact,
11 they weren't even related at that
12 point. And the single bar is
13 potentially misleading.

14 MR. BUCHANAN: There is no fuss
15 on that fact, sir.

16 But where we might have a
17 disagreement is with regard to whether
18 Qualitest is, through a successor of
19 Qualitest, liable for the sales that
20 it made at any point in time.

21 MR. STERN: That's an issue for
22 another day.

23 MR. BUCHANAN: That's an issue
24 for another day.

1 I tried to present the chart in
2 a way that reflected the sales
3 attributable to each of them and so we
4 can have accurate testimony.

5 Your clarification is noted, but
6 let's zoom forward to a period where
7 we shouldn't have a dispute, and
8 that's 2011.

9 BY MR. BUCHANAN:

10 Q. Can we agree, sir --

11 MR. STERN: Mr. Buchanan, we
12 have the same dispute because Par
13 perches the top the 2011 bar and that
14 was pre-acquisition.

15 MR. BUCHANAN: We can certainly
16 do this. Let's forget about the blue
17 tip the top of 2011 and 2012.

18 BY MR. BUCHANAN:

19 Q. Sir, can we agree that in the
20 year after the CDC announced the
21 prescription drug overdose epidemic that
22 the combined Endo/Qualitest entity grew
23 its sales?

24 A. Well -- yes.

1 Q. Thank you.

2 And, sir, when I use the term
3 "sales," I guess as a businessperson,
4 there's been some resistance to my use of
5 the term. I won't say -- you've been
6 cooperative. But you're interpreting that
7 as dollars as opposed to pills.

8 What's the right way to
9 communicate when I'm talking about pills
10 with you?

11 A. Again, it's what you see here.
12 The extended units on the left part -- on
13 the Y part of the -- the Y portion of the
14 chart.

15 Q. So my chart is sufficiently
16 descriptive in terms of by adding extended
17 units on the side we know what we're
18 talking about?

19 A. When we talk about extended
20 units, we know we're talking about
21 individual pills.

22 Q. Fair enough.

23 (Campanelli Exhibit 211,
24 document, was marked for

1 identification, as of this date.)

2 BY MR. BUCHANAN:

3 Q. Passing you what we've marked as
4 Exhibit 211 to your deposition, sir.

5 Sir, 211 is the same exhibit we
6 just looked at?

7 MR. STERN: Counsel, I'm sorry
8 to interrupt.

9 The same observation with
10 respect to 211 as 210.

11 MR. BUCHANAN: Your objection,
12 or observation, is noted.

13 BY MR. BUCHANAN:

14 Q. Mr. Campanelli, when we look at
15 Exhibit 211, what we've now incorporated
16 is the data from the CDC that reflects the
17 deaths secondary to opioid use in this
18 country.

19 You see that red line?

20 A. Yes.

21 Q. Okay. At any point in time,
22 sir, prior to 2015, had any scientists
23 within your company or any employee within
24 your company brought to you the sales data

1 in extended units and shown that in
2 combination with the deaths secondary to
3 this epidemic?

4 A. I don't recall that happening.

5 Q. Prior to sitting here today,
6 sir, has anybody in your company brought
7 to you the juxtaposition of your sales in
8 extended units with the deaths that have
9 been suffered in this country secondary to
10 the opioid epidemic?

11 A. As I sit here today, I don't
12 recall seeing or hearing from the
13 individuals this type of data.

14 Based upon our -- our strategy
15 moving forward, we're winding down our
16 opioid production.

17 Q. You say winding down, sir. I
18 still see hundreds of millions of pills
19 being made, right?

20 A. There are, but they're
21 significantly less than in 2013, '14, and
22 '15.

23 Q. And we only have Qualitest
24 through 2015.

1 Is that because Qualitest data
2 would now be in Par, sir?

3 A. Yes.

4 Again, what's misleading is what
5 you really need to be doing here is
6 looking at the red and the blue bars and
7 understanding that that is generic
8 extended units and the yellow being
9 branded extended units. That's the way
10 you should be interpreting this data,
11 assuming it's correct.

12 Q. Okay. And all I can do, sir, is
13 compile what's been given to us by the
14 company as reflective of its sales, and
15 I'll represent to you we did our best to
16 do that accurately.

17 What I do see, sir, is in 2018,
18 Par made some 660 million opioid extended
19 units, right?

20 MR. STERN: I'm sorry,
21 counselor. 2018? I don't have that
22 on my --

23 MR. BUCHANAN: I'm sorry. I'm
24 back at the chart, which is 207, the

1 data table, sir.

2 MR. STERN: Okay. Sorry.

3 BY MR. BUCHANAN:

4 Q. See that?

5 A. Could you just rephrase the
6 question, or repeat the question?

7 Q. Certainly. Yeah.

8 You see, sir, in 2018 that Par's
9 still made some 660 million opioid
10 tablets, right, or extended units?

11 A. Yes, which is a significant
12 decrease from the prior year.

13 Q. The 272 oxycodone APAPs, right?

14 A. Yes.

15 Q. Those would be Percocets, right?

16 A. Yes.

17 Q. Some 260 million hydrocodone
18 APAPs, right?

19 A. Correct.

20 Q. That would be Vicodin, right?

21 A. Yes.

22 Q. Okay. And then a number of
23 other ones that are reflected on the
24 various schedules and that we saw in the

1 pill charts earlier today, correct?

2 A. And, yes, as you can see a
3 significant reduction over time.

4 Q. Okay. Still in the opioid
5 business today?

6 MR. STERN: Objection to the
7 form.

8 A. We still sell a small amount
9 of -- of opioids today, yes.

10 Q. Well, 660 million last year,
11 right, sir?

12 A. Yes, and declining.

13 Q. I suppose it depends on how you
14 define small.

15 A. Again, these medications have a
16 purpose for people in pain.

17 Q. I suppose it matters on how you
18 define small, right?

19 A. Yeah.

20 Q. Okay. All right. We spent some
21 time, sir, talking about Percocet today.

22 I would like to talk about that
23 in a little more detail.

24 You didn't have to wait until

1 the DEA --

2 MR. BUCHANAN: Excuse me.

3 Withdrawn.

4 Q. You didn't have to wait until
5 the CDC declared an epidemic in 2011 with
6 prescription painkillers to know that
7 there was a real problem with diversion
8 and abuse of Percocet, right, sir?

9 MR. STERN: Object to the form.

10 A. I didn't know that specific in,
11 you know, prior to 2015.

12 Q. There had been a problem with
13 Percocet and Percodan abuse for years,
14 right?

15 A. There may have been.

16 (Campanelli Exhibit 11, e-mail,
17 was marked for identification, as of
18 this date.)

19 BY MR. BUCHANAN:

20 Q. You have Exhibit 11 in your
21 binder. If I could direct you to that,
22 sir.

23 MR. BUCHANAN: Corey, we're
24 going to start on the first page.

1 Q. It's an e-mail exchange between
2 some Endo folks. You'll see a Bates
3 number in the bottom that indicates it was
4 produced to us in this litigation by Endo.

5 I'm going to take us to the
6 second page, 548.2. It says: Drugs and
7 chemicals of concern.

8 It's a note from the DEA in or
9 around 2003.

10 Do you see that, sir?

11 A. Yes, I do.

12 Q. And at any point today, sir, if
13 you feel the need to look further in a
14 document, feel free. I'm going to try and
15 orient you as best as I'm able, and maybe
16 you just want to until I do that and you
17 can decide what you need to read. It's
18 your call.

19 A. Okay. Thank you.

20 Q. Drugs and chemicals of concern
21 action plan to prevent abuse and
22 diversion --

23 MR. BUCHANAN: Excuse me.

24 Withdrawn.

1 Q. (Reading) Drugs and chemicals of
2 concern. Action plan to prevent the
3 diversion and abuse of OxyContin.

4 Do you see that?

5 A. Yes.

6 Q. Okay. Let's go to the dot-3,
7 which is the second page of that DEA
8 alert. It says: Oxycodone has been
9 marketed.

10 Do you see that?

11 MR. BUCHANAN: Scroll down,
12 please, Corey to the bottom. There
13 you go.

14 A. Yes.

15 Q. (Reading) Oxycodone has been
16 marketed in combination products with
17 aspirin and acetaminophen Percodan and
18 Percocet for many years.

19 Did I read that correct?

20 A. Yes.

21 Q. (Reading) Diversion and abuse of
22 these products continue.

23 Right?

24 A. Yes.

1 Q. There was diversion and abuse --

2 MR. BUCHANAN: Well, withdrawn.

3 Q. Percocet is your trademark,
4 right, sir?

5 MR. STERN: Objection to the
6 form.

7 A. Percocet is a trademark of Endo.

8 Q. Percodan is your trademark?

9 MR. STERN: Objection to the
10 form.

11 A. I'm not familiar with the
12 product, but I don't have reason to doubt
13 what you're saying.

14 Q. Percodan and Percocet abuse and
15 diversion continue, right, sir?

16 MR. STERN: Objection to the
17 form.

18 A. I'm aware that is -- there is
19 abuse and misuse of opioid products.

20 Q. Happening in 2003, according to
21 the DEA, correct?

22 A. I see it.

23 Q. Was happening before, according
24 to the DEA, right?

1 A. Correct.

2 Q. You didn't have to wait until
3 2003 to know that Percocet is a drug of
4 abuse, right?

5 MR. STERN: Objection to the
6 form.

7 A. I'm not sure I understand.
8 Could you say that again,
9 please?

10 Q. I said you didn't need to wait
11 until 2003, as Endo as a company, to know
12 that Percocet was a drug of abuse, right?

13 MR. STERN: Objection to the
14 form.

15 A. Again, I'm seeing an e-mail that
16 it appears to be written by former
17 regulatory and legal individuals at Endo
18 talking about an action plan.

19 Q. Well, what you're seeing, sir,
20 is an e-mail, and attached to that e-mail
21 is a DEA notice from 2003, correct?

22 A. I see the notice, yes.

23 Q. You would certainly hope that
24 your company would pay attention to

1 notices from the DEA, right?

2 A. Which appear to be happening.

3 Q. Okay. So, as of 2003, you don't
4 fuss with the fact that the company was on
5 notice of abuse and diversion with
6 Percocet and Percodan, right?

7 MR. STERN: Objection to the
8 form.

9 A. Again, I'd have to read this
10 document a little deeper here. I see what
11 you're referring to in terms of the -- the
12 concern. But it appears that supply chain
13 and regulatory are interacting about
14 putting together an action plan.

15 Q. To address what?

16 A. To prevent the diversion and
17 abuse of OxyContin.

18 Q. That are continuing, right?

19 A. Again, as I've said before, I
20 know that there's abuse and misuse of
21 opioid products today.

22 Q. And what the DEA is telling the
23 company at this point in time is that
24 diversion and abuse of those products,

1 Percodan and Percocet is continuing,
2 right?

3 A. In 2003, they're acknowledging
4 a -- an action plan in how to prevent with
5 respect to -- to opioid abuse.

6 Q. Okay. You didn't have to wait
7 until 2003 for the company to know about
8 abuse and diversion of Percocet and
9 Percodan, right, sir?

10 MR. STERN: Objection to the
11 form; lack of foundation.

12 A. I don't know what is happening
13 here pre-2003, sir.

14 Q. Let's look at Exhibit 12.

15 (Campanelli Exhibit 12,
16 document, was marked for
17 identification, as of this date.)

18 BY MR. BUCHANAN:

19 Q. "The addiction potential of
20 oxycodone Percodan," Edward Bloomquist.
21 It's an article, reports on drugs.

22 You see that, sir?

23 A. Yes.

24 MR. BUCHANAN: Can you go to the

1 right column, Corey, number 2?

2 Q. (Reading) Numerous non-criminal
3 persons without previous history of
4 addiction or of association with illicit
5 narcotics are becoming addicted to the
6 drug and are committing criminal offenses
7 to obtain it.

8 Did I read that correctly, sir?

9 A. You did.

10 Q. Okay. And this is not a report
11 from 2003; is it, sir?

12 A. No. It's not.

13 Q. When is this report from?

14 A. 1963.

15 Q. A report in the literature from
16 1963 about numerous non-criminal persons
17 without previous histories of addiction or
18 of association with illicit narcotics are
19 becoming addicted to the drug Percodan and
20 are committing criminal offenses to obtain
21 it.

22 You see, that, sir?

23 A. I see that.

24 Q. Certainly information you'd want

1 to be mindful of in connection with
2 presenting this product to the public,
3 right?

4 MR. STERN: Objection to the
5 form; lack of foundation.

6 A. With what the article's also
7 saying is that the same care should be
8 used when using Percodan as also Morphine.

9 Q. My question to you, sir, was
10 certainly information, information being
11 that numerous non-criminal persons without
12 previous histories of addiction or
13 associations with illicit narcotics, are
14 becoming addicted to the drug and are
15 committing crimes to get it, that's
16 something a company should be aware of in
17 connection with its marketing and
18 promotion of a product, right?

19 A. I see that --

20 MR. STERN: Objection to the
21 form.

22 A. I see those words, but it also
23 says that the same care should be used
24 when exercising using Percodan as with

1 Morphine. So, to me it's a general
2 statement.

3 I'd have to go through this
4 entire article in a little bit more
5 detail.

6 But I see your point, but I also
7 see that they're also making the point
8 that care needs to be given.

9 Q. My question is really just one
10 of how you run a company, sir, and how you
11 market products.

12 As a matter of running a company
13 and marketing products, would you agree,
14 sir, that your company should be aware of
15 the way in which its products are being
16 used, abused, and diverted and incorporate
17 that information into how it markets and
18 promotes its products?

19 MR. STERN: Objection to the
20 form.

21 A. So, there's a lot there. I --
22 I'd have to -- if you could dissect that a
23 little simpler for me, I'd be able to
24 respond.

1 Q. Can you foresee a situation,
2 sir, where a company shouldn't be seeking
3 information, trying to understand how its
4 product is being abused and diverted and
5 taking every action it can to prevent that
6 risk?

7 MR. STERN: Objection to the
8 form.

9 A. Again, my understanding as it to
10 pertains to Endo and/or Qualitest or Par,
11 that there were systems and procedures in
12 place with professionals that have these
13 responsibilities to be able to -- to put
14 those controls in place.

15 Q. Okay. So if you're aware that
16 you have a drug that is prone to abuse and
17 diversion, and you're aware that there is
18 a problem that is continuing with regard
19 to that issue in the early 2000s, you
20 certainly wouldn't want to be trying to
21 get people to take higher doses of it,
22 right?

23 MR. STERN: Objection to the
24 form; lack of foundation.

1 A. I am not a doctor and I don't
2 know why a doctor prescribes a certain
3 type of milligram. That -- that is --
4 that comes from the doctor and the
5 patient.

6 Q. And your marketing team, right?

7 A. I would say that our marketing
8 team would be -- would be communicating
9 the on-labeled indications in the use of
10 product.

11 Q. Your marketing team and your
12 sales team are communicating with doctors,
13 right?

14 MR. STERN: Objection to the
15 form; lack of foundation.

16 A. Our sales teams have
17 interactions with the doctors, correct.

18 Q. You know that doctors get a lot
19 of information from your sales teams,
20 right?

21 A. They get information based upon
22 training and education from our sales
23 team, yes.

24 Q. That's why you have a sales

1 team, right?

2 A. Correct.

3 Q. And to grow your sales, right?

4 A. Growing sales is -- is one goal
5 of a company, yes.

6 Q. Sales sells, right?

7 A. I'm not sure I understand that,
8 sir.

9 Q. The sales group sells?

10 A. Yes.

11 Q. The goal of the sales group is
12 to sell more?

13 A. The goal of the sales group is
14 to sell in compliance with the labeled
15 indication for the intended purpose of a
16 product, any product as well.

17 Q. The goal of the sales group is
18 to grow sales?

19 A. Growing sales is a component
20 under the right set of circumstances,
21 which includes the labeled indication.

22 Q. Okay. Well, let's talk about
23 that a little bit with regard to Percocet.

24 Could I have -- actually, you

1 have them already. Could you go, please,
2 to Exhibit 13 in your binder, sir?

3 (Campanelli Exhibit 13, e-mail,
4 was marked for identification, as of
5 this date.)

6 BY MR. BUCHANAN:

7 Q. Exhibit 13 is exchange
8 between --

9 MR. BUCHANAN: It's E1876,
10 Corey.

11 Q. It's an exchange between an
12 individual named David Kerr and a host of
13 folks.

14 Pretty senior guy, right?

15 A. Senior vice-president, yes.

16 Q. Senior vice-president commercial
17 business for Endo at that point in time,
18 correct, sir?

19 A. Yes.

20 Q. Okay. And I'd like to direct
21 your attention to dot-387. It's a
22 presentation.

23 And it may be faster on the
24 screen. You have my --

1 MR. STERN: I'm sorry. Dot-387.

2 MR. BUCHANAN: Dot-387. There's
3 a series of presentations in this.

4 MR. STERN: I see.

5 BY MR. BUCHANAN:

6 Q. It's a Power Point entitled
7 "Percocet history time and events in the
8 news media."

9 You see that, sir?

10 A. Yes.

11 What tab am I on?

12 MR. STERN: 38 -- you're Tab 13
13 and then way toward the back -- near
14 Tab 14. Go all the way -- you're
15 looking for this number.

16 THE WITNESS: Yeah, I have it.
17 Okay.

18 BY MR. BUCHANAN:

19 Q. You should see the same thing in
20 your binder that you see on the screen.

21 A. Okay.

22 Q. Can you just confirm for me that
23 you do?

24 A. I do.

1 Q. Great.

2 Percocet history time and events
3 in the news media.

4 This is June 2006, right?

5 A. Correct.

6 Q. Let's at least orient ourselves.

7 We're in 2006 and if we can go
8 to dot-390, few pages down. First bullet:
9 Percocet is ranked among the top 3
10 opioids, out of 14, to potentially abuse
11 as per OAS.

12 Do you see that, sir?

13 A. Yes.

14 Q. Your branded product, a product
15 that the collective entities Par,
16 Qualitest, and Endo sold many, many
17 billions of over the years, was one of the
18 top three opioids to potentially abuse,
19 correct, sir?

20 MR. STERN: Objection to the
21 form; lack of foundation.

22 A. According to the source.

23 Q. Okay. It says: OxyContin is
24 the most commonly abused prescription

1 opioid analgesic while oxycodone
2 preparations like Percocet are ranked
3 third.

4 Did I read that correctly, sir?

5 A. Yes.

6 Q. (Reading) From 2000 to 2002,
7 oxycodone and hydrocodone accounted for
8 approximately 70 percent of all narcotic
9 analgesic drug abuse.

10 Did I read that correctly?

11 A. Yes.

12 Q. So, in that three-year period of
13 time, the products that we've talked
14 about, Percocet, OxyContin, Vicodin,
15 accounted for 70 percent of all narcotic
16 analgesic drug abuse, right, sir?

17 MR. STERN: Objection to the
18 form; lack of foundation.

19 BY MR. BUCHANAN:

20 Q. You could answer.

21 A. I don't know the answer to that.
22 I see this. I -- I -- again, I see it
23 from -- coming from the source that you've
24 put in front of me.

1 Q. And the source would be a Power
2 Point of the company, correct?

3 A. Yes.

4 Q. Prepared in or around June of
5 2006, right?

6 A. Yes.

7 Q. Drawing on something from the
8 DEA's National Forensic Laboratory
9 information, correct, sir?

10 A. Correct.

11 Q. And we could agree, sir, that we
12 looked at the extended unit charts sales a
13 few minutes ago, tens of billions of
14 oxycodone and hydrocodone preparations
15 sold by quar -- excuse me. Par, Qualitest
16 and Endo over the years.

17 Correct?

18 A. Based upon purchase orders from
19 the wholesalers, yes.

20 Q. Okay. Let's go to dot-395, sir.
21 Your drug with a brand name
22 Percocet has got street names, right?

23 MR. STERN: Objection to the
24 form; lack of foundation.

1 A. I don't know that to be the
2 case.

3 Q. Well, we see certainly the
4 company in 2006, sir, noting that your
5 drug Percocet and Percodan has got street
6 names, right?

7 MR. STERN: Objection to the
8 form.

9 A. According to this Power Point
10 presentation, yes. I see it.

11 Q. When something's got a street
12 name, what's that mean to you, sir?

13 A. That the -- the product could be
14 misused or illegally used.

15 Q. That it's got some value on the
16 street, right?

17 MR. STERN: Objection to the
18 form; lack of foundation.

19 A. I know that it's misused and
20 it's legally used.

21 Q. And you had some street names
22 for yours, Percs and Percies, right?

23 MR. STERN: Objection to the
24 form.

1 A. That's what the Power Point
2 presentation indicates.

3 Q. Okay. And oxycodone products,
4 we saw your company's made those over the
5 years, right?

6 A. Correct.

7 Q. They had names like hillbilly
8 heroin, right?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. That's what the presentation
12 indicates.

13 Q. And the presentation by Endo --

14 A. Correct.

15 Q. -- in terms of its Percocet
16 history in 2006, correct, sir?

17 A. That's what it says, yes.

18 Q. Now, this abuse with Percocet,
19 it happened for good reason, right?

20 MR. STERN: Objection to the
21 form.

22 A. I'm not sure I understand your
23 question.

24 Q. There's an explanation for why

1 this was happening.

2 Is that right, sir?

3 MR. STERN: Objection to the
4 form.

5 A. I'm not sure.

6 Q. In the early 2000s, sir, as Endo
7 was getting started, shortly after the JV
8 spun it out in DuPont and Merck, you were
9 pushing Percocet to drive revenue to grow
10 this business into a real business, right?

11 MR. STERN: Objection to the
12 form.

13 A. I -- I do not know the answer to
14 that question at all.

15 Q. Would it surprise you to know,
16 sir, that you were pushing the dose higher
17 and pushing it longer?

18 MR. STERN: Objection to the
19 form.

20 BY MR. BUCHANAN:

21 Q. To grow revenue?

22 MR. STERN: Objection to the
23 form.

24 A. I don't know the answer to that

1 question.

2 Q. Nothing you heard before you sat
3 down today?

4 A. Never heard that before.

5 Q. Okay. Let's look at Exhibit 14.

6 (Campanelli Exhibit 14,

7 document, was marked for

8 identification, as of this date.)

9 BY MR. BUCHANAN:

10 Q. All right. This is a Power

11 Point from 2001, sir. Few years after

12 Endo was formed out of DuPont Merck.

13 And to make sure we're clear,

14 Percocet was one of the brands that Endo

15 was formed with, right?

16 A. Yes.

17 Q. Okay. When the company was

18 formed, it took Percocet from the DuPont

19 Merck joint venture, right?

20 A. My understanding in 1997 when

21 the new company was formed, Percocet came

22 with the new entity.

23 Q. And Endo started blowing it out,

24 right?

1 MR. STERN: Objection to the
2 form.

3 A. My understanding is that Endo
4 started to promote the product in some --
5 some period of time in that -- in that
6 time frame that you're referencing to.

7 Q. I mean, they came out with new
8 formulations, right?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. I don't know that.

12 Q. I'm going to pass you what we're
13 marking as Exhibit 12, sir, see if this
14 refreshes your recollection.

15 Here you are, sir.

16 (Campanelli Exhibit 212,
17 document, was marked for
18 identification, as of this date.)

19 MR. BUCHANAN: 212 is the
20 demonstrative.

21 BY MR. BUCHANAN:

22 Q. You see before you a history of
23 Endo and its major drugs, sir?

24 A. I see it.

1 Q. Okay. So, Percocet's approved
2 in the mid '70s, according to this, sir,
3 correct?

4 A. Yes.

5 Q. In the late '90s, after Endo is
6 kind of formed out of the Merck DuPont JV,
7 they bring out a bunch of new formulations
8 of Percocet, right?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. I see additional strengths.

12 Q. Two-and-a-half milligrams, 5
13 milligrams, 7-and-a-half milligrams, 10
14 milligrams. All in 1999, right?

15 A. I see three additional strengths
16 here, yes.

17 Q. 2001 they bring out some high
18 dose Percocets.

19 You see that?

20 A. I see the 10 milligram in
21 combination with 327 milligrams of APAP,
22 yes.

23 Q. When I say "high dose," I mean,
24 they bring out a 10 milligram oxycodone

1 component, right?

2 A. That component was introduced in
3 1999, but I see it, yes.

4 Q. Okay. Well, they bring it out
5 with a lower acetaminophen component,
6 right?

7 A. Correct.

8 Q. And, so, Endo, shortly after
9 it's formed, comes out with Percocet in
10 multiple different formulations, right?

11 A. Yes.

12 Q. Okay. Higher strength of
13 oxycodone, right?

14 A. I see it.

15 Q. Double the strength of oxycodone
16 in Percocets, right?

17 MR. STERN: Objection; form,
18 lack of foundation.

19 A. I see increased strengths.

20 Q. Right. Increase going from 5 to
21 10. Doubling the strength, right?

22 A. I see a higher dosage.

23 Q. Okay. Let's look back now to
24 Exhibit 14, sir.

1 This is 2001. 2002 strategy
2 review. Talking about the Percocet
3 business plan and marketing strategy,
4 right? You see that?

5 A. Okay.

6 Q. I'm on dot-7.

7 A. Okay.

8 Q. And we'll see Percocet key
9 targets. Message, second item: Push dose
10 higher. Use longer.

11 Right?

12 A. I see it.

13 Q. And, look, if you can drive the
14 dose up, you get more money on the higher
15 dosages, right?

16 A. I don't know how the products
17 were -- I don't know how the products were
18 priced back in 1999.

19 Q. And if you use it longer, for
20 longer periods of time, that's more pills,
21 right?

22 MR. STERN: Objection; lack of
23 foundation.

24 A. I'm sorry. Could you just

1 repeat that?

2 Q. Yeah.

3 If you're pushing the dose
4 higher and you're using longer, you're
5 going to make more money, right?

6 MR. STERN: Objection to form;
7 lack of foundation.

8 A. If the patient has a need at a
9 longer period of duration, presumably,
10 yes, you're going to be making more sales.

11 Q. Right.

12 Let's go to dot-11, please.

13 You're targeting OxyContin
14 writers, right?

15 MR. STERN: Objection to the
16 form; lack of foundation.

17 BY MR. BUCHANAN:

18 Q. Percocet key targets. Target
19 the OxyContin writer.

20 See that? Large OxyContin
21 writers. Top of the page, sir, dot-11?

22 A. I see it.

23 Q. Pain specialists and primary
24 care, right?

1 A. That's who the team's calling
2 on.

3 Q. Okay. And your message to them
4 was to start using Percocet in chronic
5 pain patients, right?

6 MR. STERN: Objection to the
7 form; lack of foundation.

8 A. So, I don't know what all the
9 facts are going on here in the strategy
10 that's going on, but we -- we do also know
11 is in the early 2000s is that we do have
12 an APAP issue going on. And I can see,
13 again, that in 1999, they introduce, or
14 Endo introduced a 650 milligram APAP
15 strength and then came out and reduced it.
16 So there may be some connection of safety
17 tied back to acetaminophen.

18 Q. Okay. Increase Percocet daily
19 oxycodone dosage from 60 milligrams to 120
20 milligrams.

21 Right?

22 A. I see that.

23 Q. Okay. We talk about oxycodone.
24 Oxycodone has a higher Morphine

1 equivalent than hydrocodone, right?

2 A. It does.

3 Q. So 120 milligrams, if we use
4 Morphine equivalents, that would be 180
5 milligrams?

6 A. That's right. But also, as I
7 can see here, looking at the next bullet,
8 that there is certainly concern with --
9 with acetaminophen. And hence, it looks
10 like the reason that the company may have
11 reduced the -- the acetaminophen dosages.

12 Q. Yeah. And I'm actually focused
13 on the company pushing doses higher.

14 You see that, sir? And, so, the
15 place where the company is pushing the
16 doses higher is on oxycodone, right?

17 MR. STERN: Objection; form;
18 lack of foundation.

19 A. What I see here is an increase
20 in the -- the oxycodone strength and a
21 decrease in the APAP strength.

22 Q. Right.

23 So the answer to my question
24 would be the dose that's being increased

1 is oxycodone, correct?

2 A. Correct.

3 Q. Okay. So it says: Increases
4 Percocet daily oxycodone dosage from 60 to
5 120.

6 Right?

7 A. Yes.

8 Q. Doubles it?

9 A. It doubles the Morphine and also
10 cuts the acetaminophen in half.

11 Q. Right.

12 And, so, 120 milligrams of
13 oxycodone, I think you told us earlier,
14 would convert out to 180 milligrams of
15 Morphine equivalent, right?

16 A. Three-to-one.

17 Q. On oxycodone?

18 I just want accurate testimony,
19 sir. I don't want to -- I thought you
20 told us the conversion before was
21 three-to-one on oxymorphone and
22 one-and-a-half-to-one on oxycodone.

23 A. I apologize. Correct.

24 Q. That's fine. I just want to

1 make sure we're communicating.

2 All right. So we can fairly
3 understand this, the company was trying to
4 push patients from 60 milligrams as the
5 maximum daily dose to 120 milligrams of
6 maximum daily dose, correct?

7 MR. STERN: Objection to the
8 form; lack of foundation.

9 A. I don't know the person that
10 wrote this. I don't know the intentions
11 of their words. I certainly see the word
12 "push," but I also see in here a -- a --
13 certainly a concern in improved safety
14 with respect to acetaminophen. So, I see
15 the words, but these -- I don't know the
16 person that wrote this Power Point
17 presentation, why they chose their words.

18 Q. Okay. Let's go to dot-13, sir.

19 MR. BUCHANAN: And I'll move to
20 strike that.

21 THE WITNESS: Okay.

22 BY MR. BUCHANAN:

23 Q. Target pharmacists. Message.
24 What's the second message for

1 this target audience of Percocet?

2 A. It says: Push doses -- push
3 dose higher. Use longer.

4 And of course above it you can
5 see the efficacy and reduction of APAP.

6 Q. And if we go to dot-16, sir, we
7 see "Opportunities." There we go.

8 A. Okay.

9 Q. (Reading) Utilize higher doses
10 with new Percocet.

11 Right?

12 A. Can I study this for a second,
13 sir?

14 Q. Yes.

15 A. So, we're on the SWOT?

16 Q. We're on the SWOT analysis,
17 strength, weaknesses, opportunities,
18 threats.

19 You see that? We're on the
20 bottom left corner "Opportunities."

21 A. I see it.

22 Q. Something you guys do in
23 companies, do these SWOT analyses?

24 A. Yes.

1 Q. Okay. Opportunities. Utilize
2 higher doses with new Percocet.

3 That was an opportunity, right?

4 A. As it's listed here, correct.

5 Q. Also utilize in chronic pain,
6 right?

7 A. Correct.

8 Q. 'Cause Percocet was an
9 immediate-release product, right?

10 A. Yes.

11 Q. And the opportunity here is to
12 start using it, or to utilize chronic
13 pain, to the right?

14 MR. STERN: Objection to the
15 form; lack of foundation.

16 MR. BUCHANAN: Withdrawn.

17 BY MR. BUCHANAN:

18 Q. What's written here as an
19 opportunity is utilize chronic pain,
20 right?

21 A. That's what it states.

22 Q. But you also wanted to not just
23 get moderate severe pain, or moderately
24 severe pain. You also wanted to push the

1 market for Percocet to mild pain.

2 Right?

3 MR. STERN: Objection to the
4 form; lack of foundation.

5 This isn't a 30(b)(6),
6 Mr. Buchanan.

7 A. I don't know -- I don't know the
8 team, the people that -- that put this
9 presentation together. I don't know
10 exactly what they're trying to do here.

11 Q. Okay. Well, let's look at
12 dot-34.

13 Percocet chronic pain position.
14 Do you see that, sir?

15 A. Yes.

16 Q. And it's noting expand usage
17 from moderate, moderately severe into mild
18 and moderate pain, right, sir?

19 A. I see it.

20 Q. Okay. Do you know whether
21 Percocet, sir, was indicated for mild to
22 moderate pain?

23 A. I don't believe it is.

24 Q. Okay. You can set that aside,

1 sir.

2 I'd like to talk about how the
3 company set out to do this, to expand the
4 usage, push the dose.

5 Can you go, please, to --

6 MR. BUCHANAN: What's the tab on
7 this?

8 (Pause.)

9 (Campanelli Exhibit 101,
10 document, was marked for
11 identification, as of this date.)

12 BY MR. BUCHANAN:

13 Q. I'm passing you what we're
14 marking as Exhibit 101. This is a Power
15 Point from 2002, an executive committee
16 presentation.

17 You see that, sir?

18 A. Yes, I do.

19 MR. BUCHANAN: It's E1870.

20 BY MR. BUCHANAN:

21 Q. I'd like to just take you to
22 1870.4. Percocet market development.

23 You see that, sir?

24 A. Yes.

1 Q. And you see the growth in this
2 market?

3 MR. STERN: Objection to the
4 form; lack of foundation.

5 BY MR. BUCHANAN:

6 Q. See the growth from 1998 to 2001
7 and the forecast for 2002, sir?

8 A. I do.

9 Q. 1998 479 million, right?
10 Actually, I believe that's extended unit
11 TRX.

12 You see that?

13 A. Yes.

14 Q. Okay. By 2001, it's grown, you
15 have all those new tablets and new
16 strength formulations, to 707, right?

17 MR. STERN: Objection to the
18 form and lack of foundation.

19 A. I see an -- I see an increase
20 here, yes.

21 Q. And you see the growth rate
22 going from 1998 to 1999 grew the market 11
23 percent, right?

24 MR. STERN: Objection to the

1 form and lack of foundation.

2 BY MR. BUCHANAN:

3 Q. See that, sir?

4 A. I see an increase in extended
5 units to eleven percent.

6 Q. By 11.2 percent, correct?

7 A. Correct.

8 Q. Then year-over-year going to
9 2000, you see it grows another 15.9
10 percent, right?

11 A. Yes.

12 Q. Going to 2001, you see it grew
13 15 percent at 14.6 percent, right?

14 MR. STERN: Objection to the
15 form; lack of foundation.

16 A. I see the growth 14.6 percent in
17 the presentation.

18 Q. And then in 2001, you're
19 forecasting almost 20 percent growth in
20 2002, correct?

21 MR. STERN: Objection to the
22 form; lack of foundation.

23 BY MR. BUCHANAN:

24 Q. And you got some key market

1 drivers and you list promotional efforts
2 on the right, right?

3 MR. STERN: Objection to "you."
4 Objection to the form. Objection to
5 the lack of foundation.

6 MR. BUCHANAN: You can object,
7 counsel.

8 A. I can see where the company was
9 targeting key market drivers.

10 Q. Yep.

11 Promotional efforts is one of
12 the items, right?

13 MR. STERN: That's objection to
14 the word "you." Not objection to you
15 personally.

16 MR. BUCHANAN: You may have had
17 both objections, but that's fine.

18 BY MR. BUCHANAN:

19 Q. Promotional efforts is one of
20 the market drivers, right?

21 A. Appears to be, yes.

22 Q. And beneath that it says the
23 average prescription size is increasing,
24 right?

1 A. I see that.

2 Q. Okay. Let's go, please, to
3 dot-27.

4 We see a chart.

5 A. Can you just give me a little
6 time?

7 Q. Sure.

8 A. I apologize.

9 Q. Sure.
10 Do you have the page? I want to
11 make sure --

12 A. I'm good.

13 Q. Good. Dot-27.

14 A. I see it.

15 Q. Okay. Percocet with high
16 strength P&L.

17 You see that?

18 A. Yes.

19 Q. That's a business term for
20 profit and loss.

21 Is that right?

22 A. Correct.

23 Q. Okay. So you got sales on the
24 left, right?

1 A. Correct.

2 Q. And you got the plan for future
3 years, right?

4 A. I can see the estimate, yes.

5 Q. And, so, cost of goods, that's
6 what it costs to make the stuff?

7 A. Yes.

8 Q. Okay. And, so, 10 percent of
9 what you charge for it is what it costs to
10 make it, right?

11 A. It's looking at something like
12 this has to be an estimate, yes.

13 Q. Okay. And you're spending as
14 much on your sales force to go out and
15 push this to doctors that you're spending
16 to make the pills, right?

17 MR. STERN: Objection to the
18 form; lack of foundation.

19 BY MR. BUCHANAN:

20 Q. Actually a little more.

21 MR. STERN: Objection to form;
22 lack of foundation.

23 A. Again, this looks like an
24 incredibly high level P&L when I see in

1 percents like this.

2 Q. My question to you, sir, does it
3 reflect the cost of goods to be the same
4 as what you're going to pay your sales
5 force?

6 A. For the first two -- for the
7 first two years, it appears to be the
8 same.

9 Q. Okay. Let's go to dot-11, sir.
10 This notes: Continued expansion
11 of Percocet into acute and chronic
12 markets.

13 Do you see that second item?

14 A. I'm sorry. Could you repeat the
15 question?

16 Q. Yeah. The second item says:
17 Continued expansion of Percocet into acute
18 and chronic markets.

19 Do you see that, sir?

20 A. I see that.

21 Q. Okay. Those dollars you spend
22 on sales force and those new strengths and
23 pushing the dose higher and pushing it
24 longer, it worked, right?

1 MR. STERN: Objection to the
2 form.

3 I'm sorry. What page are we on?
4 Eleven?

5 MR. BUCHANAN: I'm not asking a
6 question on that page, but that's
7 where I just was.

8 MR. STERN: Okay.

9 A. Could you repeat the question?

10 Q. Sure.

11 Those dollars that you spent on
12 the sales force and the new strengths and
13 pushing the dose higher and pushing it
14 longer, that worked, right?

15 MR. STERN: Objection to the
16 form; lack of foundation.

17 A. Okay. I would have to see an
18 entire P&L on the entire portfolio to
19 really get a good indication of what's
20 going on here. I have no idea how this is
21 being allocated. When it says higher
22 strength, I -- I'd have to see more data
23 than this to be able to really form an
24 opinion. I'm seeing a super high what

1 looks like to be an allocation with --
2 with two strengths.

3 Q. Sir, your company, this company
4 Endo, this is the company that Percocet
5 built?

6 MR. STERN: Objection to the
7 form.

8 BY MR. BUCHANAN:

9 Q. Right?

10 MR. STERN: Lack of foundation.

11 A. Percocet was a product in the
12 Endo portfolio.

13 Q. It's the company that Percocet
14 built?

15 MR. STERN: Objection to form;
16 lack of foundation.

17 BY MR. BUCHANAN:

18 Q. Right?

19 A. Amongst other products.

20 MR. BUCHANAN: Could I please
21 have Exhibit 15?

22 (Campanelli Exhibit 15,
23 document, was marked for
24 identification, as of this date.)

1 BY MR. BUCHANAN:

2 Q. Go to tab 15, please. Now we're
3 back to your binder, sir. Tab 15.

4 A. Sorry.

5 Q. You can set that one aside.

6 Endo commercial -- Endo
7 Commercial Capabilities Overview from
8 Jeremy Goldberg, managing director of
9 corporate development.

10 You see that, sir?

11 A. Yes.

12 Q. I'd like to direct you to page
13 14, dot-14.

14 Could you read the title of the
15 slide for us?

16 A. It says "The Company that
17 Percocet built."

18 Q. The company that Percocet built.
19 What is the name of the company,
20 sir, in the bottom right corner of this
21 slide?

22 A. It is Endo.

23 Q. The company that Percocet built.
24 Isn't that right, sir?

1 MR. STERN: Objection to the
2 form; lack of foundation.

3 You can say what the slide says.

4 A. That's what the slide says.

5 I don't know who Jeremy Goldberg
6 is. I don't know if this is a corporate
7 position or an individual position.

8 Q. Okay. Percodan and Percocet,
9 you recognize those two items. We've
10 talked about them a little bit.

11 Two big brands of Endo at this
12 point in time, correct, sir?

13 A. As I said, I'm familiar with
14 Percocet.

15 I am not familiar with Percodan.

16 Q. Okay. And if we went down to
17 the patent and trademark office, sir, we'd
18 go in and we could look for these words
19 and they would say they're registered
20 trademarks of your company, correct?

21 MR. STERN: Objection to the
22 form; lack of foundation.

23 A. I won't doubt that they are --
24 they're licensed to Endo.

1 Q. It's got that R with a circle
2 next to it which means it's a registered
3 trademark, right?

4 A. Yes.

5 Q. A trademark of Endo, correct?

6 A. I don't have reason to doubt it.

7 Q. Then and now, right?

8 A. I don't have reason to doubt it.

9 Q. Okay. Product was first
10 launched by DuPont in 1976, right?

11 A. Percocet. Is that what you're
12 referring to?

13 Q. Percocet, yes.

14 A. That's what it says.

15 Q. Okay. And Endo grew it from 40
16 million dollars to 214 million dollars in
17 2003, right?

18 MR. STERN: Objection; lack of
19 foundation.

20 A. That's what the presentation
21 says.

22 Q. Approximately 77 percent of
23 prescriptions for oxycodone with
24 acetaminophen are written as what, sir?

1 A. Percocet, according to IMS.

2 Q. Percocet, right?

3 A. That's what it says.

4 Q. Okay. Let's go, please, to
5 dot-15.

6 The company that Percocet built
7 also the company that built Percocet,
8 right?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. Again, I don't know if this is a
12 corporate message, if this is an
13 individual message.

14 If you flip the page, it says
15 something very similar in terms of what's
16 going on in the future with Lidoderm.

17 There is just a lot of things
18 happening. It may be an individual making
19 a statement. I don't know if this is a
20 corporate statement.

21 Q. Okay. Well, we know what it
22 says, sir. The company that built
23 Percocet, right?

24 A. I'm saying that I see the words.

1 That could be a corporate development
2 individual's interpretation, not a
3 corporate -- a corporate interpretation.

4 Q. Okay.

5 A. I can see where it's switching
6 in the future to Lidoderm.

7 Q. And what we see here, sir, is
8 under the company that built Percocet,
9 really the success, you, your company had,
10 growing it from the late '90s til the end
11 of this chart, is that 2003?

12 A. That's what it says.

13 Q. Prior chart said it started at
14 40 million, right? Prior slide we were on
15 said when you took it over from DuPont it
16 was at 40 million?

17 A. It said first launched by
18 DuPont. Then it says grew from 40
19 million.

20 Q. We see between 1999 at 300
21 million in Percocet sales. As of the end
22 of 2003, you're over 700 million of
23 Percocet sales, correct?

24 A. I'm not sure. This is IMS data,

1 sir. I'm not sure what we're looking at
2 here.

3 We've got to look at that --
4 that white chart. This is -- I think this
5 is according to IMS data. This is, I
6 don't believe, is Endo, so.

7 Q. I see.

8 So, what you're saying, sir, is
9 that this is -- these are maybe
10 prescriptions rather than dollars?

11 A. No. I'm not saying that. I
12 can't see the -- the Y axis very well, and
13 I believe that says IMS in thousands or
14 millions. So, I don't believe these are
15 representation of actual Endo sales. If
16 it's IMS, it would be X factory sales.

17 Q. So, what we're looking at, sir,
18 is we know what we can tell from the chart
19 is that as of 1999, last quarter of 1999,
20 it's roughly 300, if that's TRX is in
21 thousands, right?

22 MR. STERN: Objection to the
23 form; lack of foundation.

24 A. Again, I'm not sure what we're

1 looking at here because it's confusing.

2 So, and I see -- I see what you
3 pointed me to in the previous slide at 250
4 million dollars in 2003. And, again, I
5 need to study this thing very closely.
6 But if I go to 2003 on this bar chart
7 here, it certainly is well beyond 214
8 million dollars.

9 So, are these IMS sales or TRXs?
10 I can't tell by the Y axis.

11 Q. The legend in the document as
12 produced to us, sir, reflects it what it
13 reflects. I agree with you it looks like
14 it says something like TRX or RX in
15 thousands.

16 A. Okay.

17 Q. Do you agree?

18 MR. STERN: Are we talking about
19 the thing on the Y axis?

20 MR. BUCHANAN: On the bottom,
21 yeah.

22 BY MR. BUCHANAN:

23 Q. Doesn't look like dollars,
24 right?

1 A. I'm speculating. It looks like
2 TRX.

3 MR. STERN: Don't do that.

4 THE WITNESS: I apologize. I
5 shouldn't speculate.

6 BY MR. BUCHANAN:

7 Q. That's fine.

8 And I think we can both agree,
9 sir, that the prior slide had dollars.
10 The one we were looking at, the slide went
11 from 40 to 214 million in 2003, correct?

12 A. I agree that it went to 214
13 million in 2003. I don't know what the
14 starting point is.

15 Q. Fair enough.

16 Then when we look at this slide
17 with the legend clipped, whatever the
18 legend is on the left has roughly doubled
19 between 1999 in terms of its RXs, TRXs,
20 where it was for the first quarter to
21 where it is at the end of 2003, correct,
22 sir?

23 A. Again, it's not a fair
24 representation. You're carving one

1 quarter of two -- of 1999 and then you're
2 carving specific quarters in the following
3 years.

4 You have to actually break this
5 thing out, layer it on top. You've got
6 one quarter of 1999 here, sir. So add
7 three more quarters in there. I'm not
8 sure you're doubling.

9 Q. Okay. Sir, I have not done
10 anything, sir. This is the -- this is the
11 deck that was prepared by the Endo folks.
12 The deck that was given to us in the form
13 that it was given to us.

14 What we can agree, sir, is that
15 the data that is reflected on this slide
16 reflects what it reflects, but the title
17 of this slide we can both read and not
18 dispute, right?

19 A. Agreed.

20 Q. That says "The company that
21 built Percocet."

22 Correct?

23 A. It says "The company that built
24 Percocet."

1 And the following slide says
2 "The company that is building Lidoderm."

3 So I'm not sure what this person
4 is doing here.

5 MR. BUCHANAN: So, counsel, I
6 don't know what you want to do
7 timewise.

8 MR. STERN: It's totally up to
9 you.

10 MR. BUCHANAN: I'm going to go
11 into a new area. If we're ready for a
12 break and that's fine for the witness
13 and you, that's fine.

14 MR. STERN: Let me ask Mr.
15 Campanelli, do you have a preference?

16 THE WITNESS: Do you want to do
17 a quick break and come back?

18 MR. STERN: Sure. A quick break
19 and come back or a lunch break?

20 THE WITNESS: I'm fine. I'll
21 do -- let's do a bio break and keep
22 going.

23 MR. BUCHANAN: Let's do a bio
24 break and do another hour.

1 MR. STERN: The last five was
2 ten. We'll try to keep it to that.

3 MR. BUCHANAN: That's fine.

4 THE VIDEOGRAPHER: Stand by,
5 please. Remove your microphones.

6 The time is 12:23 p.m.

7 Off the record.

8 (Recess taken.)

9 THE VIDEOGRAPHER: We are back
10 on the record.

11 The time is 12:37 p.m.

12 BY MR. BUCHANAN:

13 Q. Mr. Campanelli, we are back on
14 record. You're still under oath.

15 Are you ready to proceed?

16 A. Yes.

17 Q. Okay, great.

18 We were looking at a
19 presentation a moment ago, Exhibit 15,
20 entitled "Endo commercial capabilities
21 overview."

22 Do you recall that?

23 A. Yes.

24 Q. Tab 15 in your binder.

1 A. Is that where you want me to go?

2 Q. If you could real quick, just to
3 keep us oriented.

4 A. Okay.

5 MR. STERN: I'm sorry. I
6 apologize. Tab 15?

7 BY MR. BUCHANAN:

8 Q. Okay. And the way this was
9 produced to us, sir, is with an e-mail and
10 an attachment.

11 MR. BUCHANAN: What I'd like to
12 do is ask my tech, if you could, to
13 pull up the Bates number for the file
14 so that we can tie it back to the
15 production so there's no dispute.

16 And for the record, the Bates
17 number of the file we were just
18 looking at is
19 ENDO_OPIOID_MDL_01139611.

20 BY MR. BUCHANAN:

21 Q. Okay. And, what I'd like to do,
22 sir, because there was some question about
23 who wrote this and -- and the
24 communications around it, is give you, if

1 I could, the e-mail to which it was
2 attached (handing.)

3 (Campanelli Exhibit 102, e-mail,
4 was marked for identification, as of
5 this date.)

6 BY MR. BUCHANAN:

7 Q. Passing you what we've marked as
8 Exhibit 102 to your deposition. It's an
9 e-mail thread among Mr. Goldberg. We saw
10 him noted on the -- on the presentation.

11 You recall that?

12 A. Yes.

13 Q. With several folks. The latest
14 in time e-mail indicates it's from 2005.

15 Correct?

16 A. Yes.

17 Q. And it's talking about a Biovail
18 meeting is the attachment and follow-up to
19 yesterday's meeting. And he's sending it
20 out to his team.

21 You see that?

22 A. Yes, I see -- I see -- I see his
23 name and who he sent it to.

24 Q. Okay. And Mr. Goldberg sends it

1 off to Caroline Manogue, right?

2 A. Correct.

3 Q. And then to a Peter Lankau?

4 A. Right.

5 Q. Peter Lankau, do you know who he
6 was?

7 A. Yes.

8 Q. Who was he?

9 A. Former CEO.

10 Q. Okay. So this presentation that
11 we just were talking about before the
12 break, the company that Percocet built,
13 the company that built Percocet, was had
14 in communication between this person
15 managing director corporate development to
16 I guess the general counsel and also the
17 CEO.

18 Is that right?

19 MR. STERN: Objection; lack of
20 foundation, unless I'm missing
21 something.

22 A. So, Caroline Manogue, to my
23 understanding, was general counsel.

24 Q. Okay. So, does that help orient

1 you, sir, in terms of the communication
2 that was had around this presentation back
3 in 2005?

4 A. Again, when you say "orient,"
5 understanding that -- that I see words on
6 paper. I see Jeremy Goldberg.

7 I don't know any of these
8 people, and I don't know exactly what's
9 going on here. But Caroline Manogue, at
10 one time, was general counsel. At one
11 time, Peter Lankau was CEO.

12 Q. And it was a presentation that
13 was actually used in a meeting with
14 Biovail in 2005, right?

15 A. Can you help me out. You're
16 saying Biovail?

17 Q. Biovail meeting 10/6/2005.
18 You see that as the attachment?

19 A. I'm sorry, yes. I see Biovail
20 meeting. Yes. I apologize.

21 Q. And it says: Team. This is
22 what we sent to Bobcat as a follow-up to
23 yesterday's meeting.

24 Right?

1 A. Yes.

2 Q. All right. Now, what I'd like
3 to do, because there was some debate about
4 the legend on that page, we were in
5 dot-15.

6 Remember that chart?

7 A. Yes.

8 Q. Where we couldn't really read
9 the Y axis. I'm told that if we pull up
10 the native file, we can actually read it a
11 little better.

12 Do you see it on your screen
13 now, sir?

14 A. Yes.

15 Q. Okay. And so that legend on the
16 Y axis we were trying to understand, what
17 is it?

18 A. Total scripts.

19 Q. Okay. So total scripts in
20 thousands?

21 A. I -- I -- yes.

22 Q. Okay. So, total scripts in
23 thousands. This is the slide, again, that
24 was on the printed page dot-15, the

1 company that Percocet -- the company that
2 built Percocet.

3 Correct?

4 A. That's right.

5 Q. Okay. And what we see here as
6 of late '99, we see total RXs as of then
7 about 300,000, right?

8 A. What we're seeing is one quarter
9 of prescription data in 1999.

10 Q. Okay.

11 A. And then we're seeing four
12 quarters of data of prescription data in
13 two thousand -- 2000 through 2002 and then
14 a partial year in 2003. So I --

15 Q. You don't understand these, sir,
16 to be quarterly data?

17 What does the X axis indicate
18 for each of the data points, sir?

19 A. It says quarter November.

20 I don't know what it -- if
21 it's -- I don't know if it's a moving
22 annual total. I --

23 Q. Okay.

24 A. Because it's unusual the way

1 they're -- okay.

2 Q. What's reflected in the X axis,
3 sir, is quarterly data points across a
4 four-year period of time, correct?

5 A. Yeah. As I look at it now, it
6 must be a moving annual total on a
7 quarterly basis.

8 Q. So, we have quarterly total as
9 of '99 of 300 total RX.

10 Correct, sir? Do you see that
11 RX?

12 A. I see that.

13 Q. Okay. And quarterly total as of
14 November '03 of roughly 700,000 total RX,
15 correct?

16 A. Correct.

17 Q. Okay. Well, regardless of the
18 language, sir, the company that Percocet
19 built or the company that built Percocet,
20 there's no debate, as you understand
21 Endo's history, sir, that Endo was very
22 much a pain management company, correct?

23 A. Endo had a focus on pain.

24 Q. And at that point in time, sir,

1 the company saw great opportunity in the
2 pain market.

3 Fair?

4 A. It was focused in the pain area.

5 Q. In fact, the company saw
6 tremendous opportunity in pain more
7 broadly, right?

8 MR. STERN: Objection to the
9 form; lack of foundation.

10 A. I -- I don't know what that
11 means.

12 Q. Well, pain management was a
13 tremendous growth area at that point in
14 time.

15 True?

16 MR. STERN: I'm sorry. What
17 year are we in?

18 MR. BUCHANAN: Early 2000, sir.

19 A. I'm sorry, counselor. Are you
20 having me look at this chart again?

21 Q. I'm not. You can close the
22 exhibit or actually just flip the tab
23 forward so it doesn't distract you.

24 Fair enough.

1 Pain management was a tremendous
2 growth area in the early 2000s, true?

3 MR. STERN: Objection; lack of
4 foundation; form.

5 A. Looking at the documents here on
6 face value, not interacting with the
7 people, it appears as though it was a high
8 focus of Endo.

9 Q. Okay. Let's go to E139. It's
10 Exhibit 16, sir.

11 From time to time, companies
12 like Endo --

13 A. I apologize. I don't think I
14 have an exhibit --

15 MS. SCULLION: New binder.

16 MR. BUCHANAN: Sorry. Here you
17 go, sir (handing.)

18 THE WITNESS: Should I --

19 MR. BUCHANAN: You can set the
20 prior one aside.

21 MR. STERN: You know what, I'll
22 take it from you, Paul. I'm going to
23 take this off for just one second.

24 THE WITNESS: Okay.

1 What tab would you like me to go
2 to, sir?

3 MR. BUCHANAN: Probably the
4 first one in that. It's Tab 16. Or
5 hopefully it is.

6 MR. STERN: Bear with me a
7 minute.

8 MR. BUCHANAN: No worries.

9 (Pause.)

10 BY MR. BUCHANAN:

11 Q. Do you see Tab 16?

12 A. Yes.

13 Q. An Exhibit 16 sticker on that
14 first page?

15 A. Correct.

16 (Campanelli Exhibit 16,
17 document, was marked for
18 identification, as of this date.)

19 BY MR. BUCHANAN:

20 Q. Looking at a presentation from
21 Endo Pharmaceuticals to Wachovia
22 Securities Nantucket Equity Conference.

23 Do you see that, sir?

24 A. Yes.

1 Q. And public companies, from time
2 to time, will go out and meet with
3 investors or meet with analysts and
4 present about their businesses, correct?

5 A. Correct.

6 Q. That's something you do today,
7 correct?

8 A. Correct.

9 Q. Something that Endo did then,
10 right?

11 A. Apparently so, yes.

12 Q. Okay. This is from June 2002.
13 I'd like to take you to dot-7.

14 A. Okay.

15 Q. And in characterizing the
16 company's business, it reads: Aggressive
17 pain focus.

18 Did I read that correctly?

19 A. Correct.

20 Q. (Reading) Pain management
21 represents a tremendous growth area.

22 You see that?

23 A. That's what the words say.

24 Q. (Reading) Growing at a

1 compounded growth rate of greater than 28
2 percent annually.

3 Right?

4 A. That's what it says.

5 Q. Okay. Let's go to dot-11,
6 please.

7 In fact, compounded annual
8 growth rate of 31 percent, right?

9 A. Between 1998 and 2001, that's
10 what it says.

11 Q. Okay. So, from 1998, sales into
12 the pain market were 1.6 billion dollars,
13 right?

14 MR. STERN: Objection; lack of
15 foundation.

16 A. I'm sorry. Could you say it one
17 more time, sir?

18 Q. Sir, this reflects that sales as
19 of 1998 for narcotic analgesics were 1.6
20 billion, right?

21 A. According to IMS data, yes.

22 Q. And now we're talking dollars,
23 right?

24 A. These are dollars in billions as

1 of 1998, as reported by IMS.

2 Q. And, you know, some two,
3 three-year period of time, sir, this
4 business segment, it's more than doubled,
5 right?

6 MR. STERN: Objection; lack of
7 foundation.

8 A. According to the IMS data, it
9 appears that it's doubled, more than
10 doubled.

11 Q. Right.

12 And IMS is a data source you're
13 familiar with, right, sir?

14 A. Yes.

15 Q. I mean, you buy unlicensed data
16 from IMS all the time to get an
17 understanding of your customers, how
18 you're doing with your customers, et
19 cetera, right? Your business segments?

20 A. Okay. My business segments,
21 yes.

22 Q. Fair enough.

23 And you do that now at Endo,
24 right?

1 A. Correct.

2 Q. You did it when you were at Par,
3 right?

4 A. Correct.

5 Q. And you're not at all surprised
6 to see IMS data reflected in the
7 presentation from Endo from the early
8 2000s as a data source they were using
9 then, right?

10 A. Correct.

11 Q. When you were at Par in the
12 early 2000s, you guys were all licensing
13 and using IMS data, right?

14 A. Correct.

15 Q. Okay. All right. You can set
16 that aside.

17 To be successful in this growth
18 area, in this new market of pain
19 management, or this growing market of pain
20 management, as a company, Endo needed to
21 move the market towards a change in the
22 treatment of pain?

23 MR. STERN: Objection to the
24 form; lack of foundation.

1 BY MR. BUCHANAN:

2 Q. Right?

3 A. I have no idea. I have no idea
4 on that.

5 Q. Endo had to change the way docs
6 were treating pain, right?

7 MR. STERN: Objection; lack of
8 foundation; form.

9 A. I don't know the answer to that
10 question.

11 MR. BUCHANAN: Can you put
12 Exhibit 17 on the screen, Corey? It's
13 a video. Just put it up on the screen
14 and pause it.

15 BY MR. BUCHANAN:

16 Q. On the screen, sir, what I've
17 marked as 17 is the full footage of the
18 video.

19 For the record, what we're going
20 to supply, and I'd like the court reporter
21 to transcribe the portions that are
22 played, is an interview conducted with Ms.
23 Carol Ammon.

24 Do you know who she is?

1 A. She was the founder of Endo.

2 Q. She was the founder and also the
3 CEO, right?

4 A. Correct.

5 Q. Okay. So, she came out of the
6 DuPont Merck joint venture in 1997, formed
7 the company, and then ultimately brought
8 it public a few years later?

9 A. That's my general understanding.

10 Q. Okay.

11 MR. BUCHANAN: Could we queue up
12 this particular video at 3:37, Corey?

13 MR. STERN: And I'm just going
14 to object, Mr. Buchanan, to the
15 playing of an excerpt instead of the
16 full video.

17 MR. BUCHANAN: If there's some
18 other portion you'd like to play, you
19 have the disk, and my tech would be
20 happy to assist you in doing so, if
21 you'd like.

22 Can we roll?

23 (Video recording played.)

24 "What we really needed to do is

1 drive as much revenue as we could.
2 And there were several essential
3 ingredients in that. One was really
4 leveraging the customer base, and for
5 us that's really getting physicians to
6 be acquainted with our products, but
7 more importantly it's getting
8 physicians who are thought leaders
9 that would not only talk about our
10 products, but would really start to
11 move the whole market towards a change
12 in pain management so we then could
13 take the profitability, we could have
14 cash, and then be able to invest in
15 new products that would go into that
16 changing landscape of pain
17 management."

18 MR. BUCHANAN: Okay. Let's
19 pause it there.

20 BY MR. BUCHANAN:

21 Q. You recognize Ms. Ammon?

22 A. Not by photo. By name, yes.

23 Q. The company's focus, sir, as you
24 heard from Ms. Ammon in these early years,

1 was to get docs who were thought leaders.

2 You heard her say that, right?

3 A. That's what the -- that small
4 clip indicated.

5 Q. To move the market, right?

6 A. That's what was played.

7 Q. Towards a change in pain
8 management, right?

9 A. That's what she said, but I
10 don't know if she said something before or
11 after that gave a purpose as to why Endo
12 was looking to do that.

13 Q. So they could then take the
14 profitability gained by doing that, have
15 cash, invest in new products that would
16 then serve the changed landscape of pain
17 management that the thought leaders helped
18 them change, right?

19 A. I don't know if that's what she
20 said.

21 She said that they wanted to
22 reinvest in new products.

23 MR. BUCHANAN: Can we play it
24 again, please?

1 (Video played.)

2 "What we really needed to do is
3 drive as much revenue as we could.
4 And there were several essential
5 ingredients in that. One was really
6 leveraging the customer base, and for
7 us that's really getting physicians to
8 be acquainted with our products, but
9 more importantly it's getting
10 physicians who are thought leaders
11 that would not only talk about our
12 products, but would really start to
13 move the whole market towards a change
14 in pain management so we then could
15 take the profitability, we could have
16 cash, and then be able to invest in
17 new products that would go into that
18 changing landscape of pain
19 management."

20 BY MR. BUCHANAN:

21 Q. Change the practice of pain
22 management. The focus of the CEO of Endo
23 in its formative years.

24 Right?

1 MR. STERN: Objection to the
2 form; lack of foundation.

3 A. That's what she said.

4 Q. Getting KOLs who were physicians
5 to really start to move the whole market
6 towards a change?

7 MR. STERN: Objection to the
8 form; lack of foundation.

9 A. Again, I don't know if she said
10 something before or after this video that
11 would have justified the change.

12 Q. Can we agree, sir, that if a
13 drug company is going to set out to change
14 the landscape of pain management, it
15 better make sure the patients are going to
16 have better outcomes than before?

17 MR. STERN: Objection to the
18 form; lack of foundation.

19 A. She may be referring to putting
20 dollars into R&D to make improvements in
21 pain medications. I don't know.

22 Q. Okay. What she said was they
23 were going to get physicians who are
24 thought leaders that would not only talk

1 about their products, but really start to
2 move the whole market towards a change in
3 pain management.

4 That's what you heard her say,
5 right?

6 A. I heard her say that.

7 Q. Okay. Well, if you're going to
8 do that, you better darn well study and
9 make sure your drugs in this changed
10 market are going to bring better outcomes
11 for patients than the old way, right?

12 MR. STERN: Objection to the
13 form; lack of foundation.

14 A. Again, you played me a very
15 quick snippet of a video. I don't know
16 what her intentions were. I don't know if
17 there's something behind this. She's
18 talking also about R&D. I don't know what
19 her intentions are. She may very well be
20 focused on new and improved medications.
21 I don't know.

22 Q. Endo's vision in these early
23 years, the early 2000s, the company you're
24 currently CEO of, change the practice of

1 pain management, right?

2 MR. STERN: Objection to the
3 form; lack of foundation.

4 BY MR. BUCHANAN:

5 Q. Well, you've heard what she
6 said, right?

7 A. I heard a very brief snippet of
8 a video. I don't know what she said
9 before that, and I don't know what she
10 said after that. I don't know the context
11 of that entire interview.

12 Q. Let's see if we have some
13 documents that can further elucidate this,
14 sir.

15 Can you go, please, to --

16 MR. STERN: Are we sticking with
17 the new binder here?

18 MR. BUCHANAN: I thought we
19 were, but it looks like this is one
20 that's a standalone.

21 MR. STERN: Okay.

22 (Campanelli Exhibit 103, e-mail,
23 was marked for identification, as of
24 this date.)

1 BY MR. BUCHANAN:

2 Q. And, sir, what number do we have
3 on the bottom?

4 A. 103.

5 Q. 103, sir.

6 You see here an e-mail exchange.

7 MR. BUCHANAN: Let's see 1256.

8 A. Correct.

9 Q. An e-mail exchange between Amy
10 Lohr and a bunch of folks. It's a
11 business plan and kickoff meeting and
12 there's some presentations that are on
13 there.

14 You see that?

15 A. Yes.

16 Q. We see Peter Lankau's
17 presentation, right?

18 A. Yes.

19 Q. And I think you told us just a
20 moment ago, sir, he was the CEO?

21 A. Correct.

22 Q. And there's a number of
23 attachments here, but you can see from the
24 icons that there's only one Power Point

1 that's attached to this document, right?

2 A. Yes.

3 Q. Okay. And that's Peter Lankau's
4 presentation.

5 True?

6 A. That's what I would infer.

7 Q. Okay. So we saw Ms. Ammon and
8 her statements. We now have Mr. Lankau's
9 statements.

10 Let's go to dot-6, please.

11 Endo pharmaceutical vision.

12 You see that, sir?

13 A. Correct.

14 Q. To drive the practice of pain
15 management.

16 You see that?

17 A. Yes.

18 Q. Okay. And the way you were
19 going to do that, sir, is use a pyramid of
20 influence, right?

21 A. I don't know what Endo was going
22 to do back then.

23 Q. You were going to use national
24 advisory boards, pushing down the

1 specialty advisory boards, going to
2 regional outreach and CME programs and
3 grand rounds and fellowship programs and
4 education, all to get your message to
5 doctors every which way you could, right,
6 sir?

7 MR. STERN: Objection to the
8 form; lack of foundation.

9 A. I am sorry. I wasn't there. I
10 have no idea what Peter Lankau and his
11 team was planning on doing.

12 Q. Okay. Let's go back, please, to
13 Exhibit 15.

14 (Campanelli Exhibit 15,
15 document, was marked for
16 identification, as of this date.)

17 BY MR. BUCHANAN:

18 Q. It's in the prior binder, but
19 I'm just going to pop this one slide up.
20 Maybe you can just work with that.

21 MR. BUCHANAN: It's dot-36,
22 Corey.

23 BY MR. BUCHANAN:

24 Q. Clinical development and

1 education. I'll represent that's what
2 CD&E stands for, sir. This is from that
3 same Power Point we were looking at that
4 went from Jeremy Goldberg to the CEO and
5 general counsel in 2005. And talks about
6 their pyramid of influence.

7 You see that?

8 A. I see possibilities here, yes.

9 Q. Okay. You understand this was
10 presented outside the company, right? It
11 was that Biovail presentation we were
12 looking at a moment ago?

13 MR. STERN: Objection; lack of
14 foundation.

15 A. I don't know if it was or not.

16 Q. Okay.

17 (Reading) CD&E pyramid of
18 influence, a coordinated approach.
19 Generate advocacy among national and
20 regional opinion leaders through advisory
21 boards.

22 You see that?

23 A. Yes.

24 Q. Next, establish treatment

1 algorithms in partnership with national
2 societies.

3 You see that?

4 A. Yes.

5 Q. Improve awareness among general
6 public via public health announce and
7 third party media relations.

8 A. I see that.

9 Q. And then initiate influence
10 mapping in order to identify key
11 influencers, right?

12 A. I see that.

13 Q. Okay. And, so, when we look at
14 that pyramid, and it could be a little
15 challenging to read.

16 MR. BUCHANAN: I don't know,
17 Corey. Is it possible for you just to
18 get that triangle a little bigger so
19 we can read the words?

20 MS. JONES-McDONALD: What page?

21 MR. BUCHANAN: It's 244.3 -- I'm
22 sorry. Dot-36.

23 Thank you. That really helps.

24

1 BY MR. BUCHANAN:

2 Q. So, we got national advisory
3 boards at the top of the pyramid, right,
4 this influencing -- influence mapping
5 pyramid?

6 A. Correct.

7 Q. Underneath that we got the
8 specialty advisory boards, right?

9 A. Correct.

10 Q. Then you got regional outreach,
11 right?

12 A. Correct.

13 Q. And these are the tentacles that
14 are going out into the community, right?

15 A. Again, I'm looking at one slide
16 without looking at the entire deck. I can
17 see it says: See the possibilities.

18 So it looks like this is
19 something that's being considered.

20 Q. Okay. These tentacles include
21 the CME programs, right?

22 A. I see it.

23 Q. Grand rounds, right?

24 A. I see the words.

1 Q. Fellowship programs, right?

2 A. Correct.

3 Q. Pain education, right?

4 A. Correct.

5 Q. And grant support, right?

6 A. I see the words.

7 Q. Underneath that, broad scale
8 educational initiatives, right?

9 A. I see that.

10 Q. Influence mapping to physicians,
11 nurses and patients, right?

12 A. That's part of the
13 possibilities.

14 Q. Okay. CD&E was about using
15 education to sell?

16 MR. STERN: Objection to the
17 form; lack of foundation.

18 BY MR. BUCHANAN:

19 Q. Right?

20 A. That, I don't know. I don't
21 know the answer to that.

22 Q. Okay. You know who Ms.
23 Kitlinski is, right?

24 A. No, I do not.

1 Q. She was the head of CD&E for, I
2 think, 15 years or so, from '98 to 2013?

3 A. I wouldn't know that.

4 Q. Okay.

5 (Campanelli Exhibit 104,
6 document, was marked for
7 identification, as of this date.)

8 BY MR. BUCHANAN:

9 Q. Passing over what we're marking
10 as Exhibit 104, sir.

11 I apologize we're in and out of
12 the binder.

13 MR. BUCHANAN: Corey, could you
14 pull up 1251, E1251?

15 BY MR. BUCHANAN:

16 Q. All right. So, this is a
17 clinical development and education 1999
18 objective.

19 You see that, sir? It's on the
20 screen as well. I don't know what's
21 easiest for you.

22 A. Yes, I see it.

23 Q. And the clinical development and
24 education group is going to partner with

1 sales and marketing to identify and
2 capitalize on educational opportunities,
3 right?

4 MR. STERN: Objection; lack of
5 foundation.

6 MR. BUCHANAN: It's item 1
7 Financial Performance, Corey. Second
8 bullet.

9 A. I see the words.

10 Q. Okay. Partner with sales and
11 marketing to identify, prioritize and
12 capitalize on educational opportunities
13 which drive attainment of what, sir?

14 A. Sales quotas while optimizing
15 resource utilization.

16 MR. STERN: And to be clear,
17 that was -- you were asking him to
18 read from the document, which he just
19 did.

20 BY MR. BUCHANAN:

21 Q. Sales quota, correct, sir?

22 A. Reading from the document, yes.

23 Q. Next item says: Work with sales
24 and marketing teams to leverage.

1 Leverage, right? You see that?

2 A. I see it.

3 Q. Okay. Educational programs for
4 incremental sales, right?

5 A. That's what the words say.

6 Q. So, using education to increase
7 sales, right?

8 MR. STERN: Objection; lack of
9 foundation. Other than what's on this
10 paper.

11 A. I see where the -- I see where
12 the clinical group wants to partner with
13 sales and marketing.

14 Q. To do what, sir, to leverage
15 educational programs? Do you see those
16 words?

17 A. It says to leverage educational
18 programs for incremental sales.

19 Q. Okay. Incremental sales means
20 what? More sales?

21 MR. STERN: Objection; lack of
22 foundation as to what Linda Kitlinski
23 meant.

24 MR. BUCHANAN: Counsel, I mean,

1 really. I'm sure things can be
2 frustrating, but I think just
3 "objection to form" would be the
4 appropriate way to handle that.

5 A. I'm sorry. Could you repeat the
6 question?

7 Q. Yes. Incremental sales means
8 what, sir? More sales?

9 A. They're looking --

10 MR. STERN: Objection to lack of
11 foundation.

12 A. They're looking for additional
13 sales.

14 Q. Okay. All right. Let's move
15 forward, please. Passing another one
16 over.

17 (Campanelli Exhibit 105,
18 document, was marked for
19 identification, as of this date.)

20 BY MR. BUCHANAN:

21 Q. Out of the binder still. 105.

22 Well, let's look at how CD&E,
23 clinical development and education, went
24 about partnering with sales and marketing,

1 okay.

2 This is the CD&E presentation
3 from 2000. It says -- I guess why don't
4 we start with dot-4.

5 MR. STERN: I'm sorry.

6 Mr. Buchanan, where do you see this is
7 from 2000?

8 MR. BUCHANAN: You know, I said
9 that, I understood it to be, but I
10 will -- I will represent to you that
11 the document is dated 1/20/2000, sir.
12 I have that by metadata. There may be
13 a cover e-mail which we can let you
14 know about.

15 MR. STERN: Okay.

16 MR. BUCHANAN: Okay.

17 BY MR. BUCHANAN:

18 Q. All right. So, as represented,
19 sir, early 2000.

20 "CD&E the critical connection
21 for success in 2000 and beyond" is the
22 title on the first slide, correct, sir?

23 A. Yes.

24 Q. Okay. Let's go to dot-4.

1 All right. So, here's how CD&E
2 is characterizing what it does, right?

3 MR. STERN: Objection; lack of
4 foundation.

5 A. I'm not sure I understand the
6 question.

7 Q. Well, you see on the fourth
8 slide, sir, a series of graphics following
9 the overview of CD&E?

10 A. Yes.

11 Q. Okay. Til the field.

12 That's the first picture, right?

13 MR. STERN: I'm sorry. Where
14 does it say the overview? I'm not
15 sure I have the right thing.

16 BY MR. BUCHANAN:

17 Q. Do you see the first picture,
18 sir? Til the field?

19 MR. STERN: Mr. Buchanan, where
20 does it say the overview?

21 MR. BUCHANAN: I'm trying to
22 move forward, counsel.

23 MR. STERN: I'm going to object
24 that you're misrepresenting the

1 document.

2 MR. BUCHANAN: I don't think I
3 am, sir, but with due respect, feel
4 free to clarify something.

5 BY MR. BUCHANAN:

6 Q. Sir, first picture, tilling the
7 field.

8 That's what's happening?

9 MR. STERN: Objection; lack of
10 foundation.

11 A. That's what the cartoon appears
12 to be representing.

13 Q. Second picture, sir, planting
14 seeds?

15 A. That's what the cartoon shows.

16 Q. Third picture, water the seeds?

17 A. Correct.

18 Q. Fourth picture, reap the fruits
19 of your labor, right?

20 MR. STERN: Objection to the
21 characterization. Objection to lack
22 of foundation.

23 A. I'm seeing plants that have
24 grown.

1 Q. Right.

2 What you're actually seeing,
3 sir, is a person who has tilled the field
4 and planted seeds, right?

5 A. Correct.

6 Q. Watered the seeds, right?

7 A. Correct.

8 Q. You see her holding carrots,
9 right?

10 A. I don't know what that is.

11 MR. BUCHANAN: All right.

12 Corey, maybe you could help us all
13 out.

14 BY MR. BUCHANAN:

15 Q. What's that look like to you,
16 sir?

17 A. My mother's purse.

18 I have no idea what that looks
19 like.

20 Q. Okay. Till, plant, water, reap.
21 That's CD&E, right?

22 MR. STERN: Objection to the
23 characterization. Objection to the
24 form. Objection to lack of

1 foundation.

2 BY MR. BUCHANAN:

3 Q. That's what the pictures
4 reflect, sir?

5 I mean, you're not fussing with
6 the pictures; are you?

7 A. I'm not fussing with the idea
8 that somebody's planting seeds, watering
9 it and then growing some type of plant.

10 Q. And holding something in her
11 hand after she's grown it, right?

12 A. Correct.

13 Q. Okay. All right.

14 So, one of the ways CD&E was
15 going to grow this market for pain was to
16 establish pain management as priority with
17 primary care doctors, right?

18 MR. STERN: Objection to the
19 form; lack of foundation.

20 A. I -- I don't know what you're
21 referring to or where you're referring.

22 Q. Let's go to dot-16.

23 2000. CD&E. Again, clinical
24 development and education tactics.

1 You see that?

2 A. I apologize. You are going a
3 little bit faster than I am right now.

4 Q. Okay. And I -- as I said at the
5 beginning, I will generally be referring
6 to what's on the screen. You are always
7 welcome to review the entire document, and
8 I will pause for you to do so.

9 A. Thank you.

10 Q. Okay.

11 A. Okay.

12 Q. We are on dot-16 right now.

13 A. Correct.

14 Q. CD&E tactics is what it says,
15 right?

16 A. Yes.

17 Q. 2000?

18 A. Yeah. Okay.

19 Q. First bullet: Establish pain
20 management as a priority with PCPs and
21 some other specialties, right?

22 A. I see that.

23 Q. All right. PCPs, please tell
24 the jury what that is.

1 A. Primary care physicians.

2 Q. Doctors that are not pain
3 specialists, right?

4 A. Correct.

5 Q. General practitioners might be
6 another way of thinking of PCPs, right?

7 A. Yes.

8 Q. Okay. Let's go to 13.

9 Going to leverage alliances to
10 expand the utilization of the current
11 product line, right?

12 CD&E strategy and tactic, right?

13 A. That's what the words say.

14 Q. Okay. And I'm going to scroll
15 down in that bullet there: Support/develop
16 initiatives that combat opiophobia.

17 Do you see that?

18 MR. STERN: What page are we on,
19 counsel?

20 MR. BUCHANAN: We're on dot-13,
21 sir.

22 A. I see that.

23 Q. So, Endo's clinical development
24 and education group in 2000, to help

1 expand utilization of its product line, is
2 going to support and develop initiatives
3 to combat what, sir?

4 A. Opiophobia.

5 Q. You know what opiophobia is,
6 right?

7 A. No, actually, I don't.

8 Q. You know what phobia is, right?

9 A. Yes.

10 Q. What do you think that first
11 half means, sir?

12 A. Afraid of something.

13 Q. OPIO?

14 A. I'm guessing. I really don't --

15 MR. STERN: Please don't guess.

16 A. I don't know if this is a -- if
17 this is a -- if this is a slang or if this
18 is a medical term. I'm not -- I'm just
19 not familiar with this term.

20 Q. Sir, we spent some time talking
21 about the CDC's declaration of an epidemic
22 in 2011.

23 Probably not such a bad thing to
24 be fearful and concerned about opioids.

1 Would you agree?

2 MR. STERN: Objection to the
3 form; lack of foundation.

4 A. Again, our -- our focuses, these
5 products when prescribed as -- as
6 subsequent to the clinical trial that they
7 are safe and efficacious.

8 Q. Sir, do you endorse the
9 activities of clinical development and
10 education to combat fears and concerns
11 about opioids?

12 MR. STERN: Objection; lack of
13 foundation. Objection to the form.

14 A. You're talking to me personally
15 or the company, or what period of time?

16 Q. I'm talking to you personally,
17 sir.

18 You've seen in 2011 there's an
19 epidemic. We saw charts of 150,000
20 deaths. We heard about, what, 400,000
21 admits every year for treatment.

22 And my question is do you
23 endorse the activity of your education
24 group to combat concerns of doctors about

1 the safety of opioids?

2 MR. STERN: Objection to the
3 form; lack of foundation.

4 A. Again, I would never want to do
5 something to change that type of behavior
6 or concern.

7 Q. It is wise to be seriously
8 concerned about the risks of opioids.

9 Fair, sir?

10 MR. STERN: Objection to the
11 form; lack of foundation.

12 A. Again, it is very concerning to
13 me when opioids are -- are used for -- for
14 misuse or abuse.

15 Again, when prescribed and used
16 as its intended purpose, it has helped
17 millions of people in pain.

18 Q. Certainly not a good idea, sir,
19 to be spending millions of doctors to
20 combat --

21 MR. STERN: Dollars.

22 MR. BUCHANAN: Doctors.

23 Excuse me. Withdrawn.

24 Q. It's certainly not a good idea,

1 sir, to be spending millions of dollars to
2 combat doctors' concerns about the safety
3 of opioids, right?

4 MR. STERN: Objection to the
5 form; lack of foundation.

6 A. Again, you are -- you're
7 pointing in a direction of a Power Point
8 that's many years old. I don't know if
9 what's -- what's behind this or the words
10 in front of it or after it.

11 When you point to this one
12 particular section, it's concerning.

13 Q. Let's go to dot-23.

14 One of the items in 2000 the
15 company was developing was a national
16 visiting faculty program, right?

17 A. I don't know that.

18 Q. All right. It said that it was
19 critical to do this to expand the base of
20 prescribers and average numbers of scripts
21 written.

22 Do you see that, sir?

23 A. Okay. What this says is
24 unbudgeted tactics. I don't know if this

1 is approved. I don't know if this is
2 conceptual. I don't know if this is
3 something the company's planning on doing.

4 Q. We'll get to that.

5 A. Okay.

6 Q. My question to you, sir, is if
7 you'll stay with the -- stay with the
8 point. It says national visiting faculty
9 program.

10 What's the first bullet say?

11 A. Critical to expand base of
12 prescribers and average number of scripts
13 written.

14 Q. Okay. So, a visiting faculty
15 program was critical to expand the number
16 of prescribers and the number of scripts,
17 right?

18 A. I don't know if it is critical.

19 I see the use of the word
20 "tactics."

21 Q. Okay. Effectiveness of
22 peer-to-peer influence is well-documented.

23 Correct, sir?

24 A. I see the words.

1 Q. Okay. And, so, one of the ways
2 CD&E went about doing this through its
3 pyramid of influence was by forming its
4 own CME entity, right?

5 A. I don't know the answer to that.

6 Q. You all created a captive,
7 right?

8 A. I don't know that.

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 BY MR. BUCHANAN:

12 Q. You've heard of the NIPC;
13 haven't you, sir?

14 A. I'm not familiar with that.

15 Q. NIPC was established by Endo in
16 2001, right?

17 A. I have no idea.

18 Q. NIPC, sir, stands for the
19 National Initiative For Pain Control,
20 right?

21 A. As I responded, I didn't know
22 the answer to that question.

23 Q. Have you heard of it at any
24 point in time?

1 A. No.

2 Q. Okay. Let's look at Exhibit 19,
3 sir.

4 (Campanelli Exhibit 19, e-mail,
5 was marked for identification, as of
6 this date.)

7 MR. STERN: Wait. I'm sorry.

8 Book one? Second book?

9 Sorry.

10 BY MR. BUCHANAN:

11 Q. Your National Institute of Pain
12 Control established by Endo in 2001 had
13 more than 1.2 million doctor participants
14 in eleven years.

15 A. Okay. Let's just back me up a
16 little bit here because I'm not sure what
17 I'm looking at and what you're referring
18 to.

19 Q. Okay. Well, that's fair, sir.
20 Let's look at Exhibit 19.

21 A. Okay. I'm there.

22 Q. It's an e-mail exchange.

23 You see that?

24 A. I see the e-mail.

1 Q. Okay. And if you drill down a
2 little bit, this is a letter response to a
3 congressional inquiry.

4 You see that?

5 MR. STERN: Can you hold on just
6 a second, Mr. Buchanan?

7 MR. BUCHANAN: Sure. Whatever
8 time you need, counsel, and the
9 witness, of course, to catch up with
10 where we are.

11 I am on --

12 MR. STERN: I'm not sure I'm
13 looking at the right thing.

14 MR. BUCHANAN: Okay. You should
15 be looking at Exhibit 19.

16 MR. STERN: Right. This is not
17 a letter response to a congressional
18 investigation.

19 MR. BUCHANAN: I'm sorry. Thank
20 you.

21 It's a letter responding to Vice
22 President Biden. Thank you.

23 MR. STERN: Then I have the
24 right document.

1 BY MR. BUCHANAN:

2 Q. You see Exhibit 19, sir? You're
3 on the same page with us?

4 A. Yes.

5 Q. So we go to the second page, you
6 see this is Endo responding to Vice
7 President Biden, correct? I just want to
8 know whether it's Endo responding.

9 A. Endo's responding to -- to
10 address misuse and abuse of prescription
11 medications.

12 Q. Okay. And Endo describes its
13 involvement with an organization called
14 the National Initiative on Pain Control.

15 You see that?

16 A. No, I don't. Can you point me
17 to that?

18 Q. Sure. Dot-10. National
19 Institute on Pain Control, NIPC.
20 Integrated independent educational
21 initiative established and supported by
22 Endo since 2001. First bullet.

23 MR. BUCHANAN: And counsel,
24 we're on page dot-10.

1 MR. STERN: I know. I'm just
2 trying to figure out the relationship
3 between what goes after the end of the
4 letter and -- between the letter and
5 the end of the document.

6 Is it referred to in the letter
7 somewhere?

8 MR. BUCHANAN: I believe so, but
9 I -- yes, I believe so.

10 MR. STERN: Can you bear with me
11 just one second?

12 Okay. Go ahead.

13 A. I'm sorry. You want to ask the
14 question again.

15 MR. STERN: I found it.

16 MR. BUCHANAN: Thank you.

17 BY MR. BUCHANAN:

18 Q. First bullet on dot-10 says,
19 under "National Initiative on Pain
20 Control": Integrated independent
21 educational initiative established,
22 established and supported by Endo since
23 2001.

24 Right?

1 A. I see it.

2 Q. Okay. Endo formed the NIPC, or
3 established it, in 2001, correct?

4 MR. STERN: Objection; lack of
5 foundation.

6 A. That's what the words say.

7 Q. And gave it some 30 million
8 dollars to go out and spread Endo's
9 message, right?

10 MR. STERN: Objection; lack of
11 foundation.

12 A. I don't know the answer to that.

13 Q. Okay. Content targeted towards
14 PCPs, NPs, PAs and other HCPs on the front
15 line.

16 You see that?

17 A. I do see it.

18 Q. Greater than 1.2 million
19 participants to date.

20 See that, sir?

21 A. I see the reference to the
22 participants in the webcast.

23 Q. In your binder, sir, I'm going
24 to move you forward to Exhibit 21.

1 (Campanelli Exhibit 21,
2 document, was marked for
3 identification, as of this date.)

4 MR. BUCHANAN: I'm sorry. Don't
5 go to 21. I'm told we have an exhibit
6 snafu. I'm passing you over, sir,
7 what we've marked as Exhibit
8 Number 21.

9 BY MR. BUCHANAN:

10 Q. This is a summary of payments by
11 Endo to the NIPC based on this information
12 referenced.

13 Do you see that?

14 A. I see -- I see a reference that
15 Endo made payments to NIPC over nine or so
16 years.

17 Q. Some 30 million dollars, right?

18 A. That's what it says.

19 Q. Okay. And, so, Endo, with this
20 entity it established in 2001, was
21 spreading to its 1.2 million member
22 audience of doctors and nurse
23 practitioners and other things certain
24 messages about opioids, right?

1 MR. STERN: Objection to the
2 form; lack of foundation.

3 A. I don't know what you mean.

4 Q. Okay. Let's go to Exhibit 22.
5 (Campanelli Exhibit 22,
6 document, was marked for
7 identification, as of this date.)

8 BY MR. BUCHANAN:

9 Q. Should be in the binder.
10 This is the Pain Management
11 Today newsletter from 2001 from the NIPC.
12 You see that? Volume 1, number
13 1, right?

14 A. I'm just trying to see where it
15 says NIPC.

16 Q. I think you can see it in the
17 bottom left corner, sir. It says National
18 Initiative and Pain Control with that
19 little swirly logo?

20 A. Okay.

21 Q. You see it?

22 A. Yes.

23 Q. Okay. And let's go to dot-4
24 they've got this heading as part of their

1 training "Key terms for opioid
2 analgesics."

3 You see that?

4 A. Yes.

5 Q. Pseudoaddiction.

6 You see that?

7 A. Yes.

8 Q. Familiar with that term, sir?

9 A. Not really.

10 Q. Not real addiction,
11 pseudoaddiction, right?

12 MR. STERN: Objection to the
13 form; lack of foundation.

14 A. Is that a question?

15 Q. You agree with me that's what
16 pseudoaddiction is?

17 A. I don't know what
18 pseudoaddiction is.

19 Q. Okay. Well, what they're doing
20 here, sir, is saying: Pseudoaddiction
21 refers to behaviors that might seem
22 aberrant, but actually indicate inadequate
23 treatment of pain.

24 Right?

1 A. I see it.

2 Q. (Reading) The behavior is
3 resolved when the pain medication is
4 increased and appropriate analgesia is
5 obtained.

6 You see that, sir?

7 A. I see it.

8 Q. That's not true, right?

9 MR. STERN: Objection; lack of
10 foundation.

11 A. I don't know if this is a
12 medical term or a term that is understood
13 in the industry. I don't know what this
14 is about.

15 Q. Well, let's see how the NIPC
16 went about combating opiophobia in its
17 later presentation, sir.

18 Let's go to Exhibit 23.

19 (Campanelli Exhibit 23,
20 document, was marked for
21 identification, as of this date.)

22 BY MR. BUCHANAN:

23 Q. This is 2005 Power Point
24 entitled "Opioid Analgesia: Practical

1 treatment of the patient with chronic
2 pain."

3 Do you see that, sir?

4 A. I see that, yes.

5 Q. Okay. Let's go to dot-122.
6 Pseudoaddiction.

7 A. I'm sorry?

8 Q. Point 122. Okay.

9 You see that slide, sir,
10 pseudoaddiction?

11 A. Yes.

12 Q. (Reading) Pattern of
13 drug-seeking behavior of patients with
14 pain receiving inadequate pain management
15 that can be mistaken for addiction,
16 concerns about availability,
17 clock-watching, unsanctioned dose
18 escalation.

19 You see those characteristics?

20 A. Yes.

21 Q. (Reading) May resolve with
22 re-establishment of adequate analgesia or
23 adjustment of analgesic dose and schedule.

24 You see that, sir?

1 A. Yes.

2 Q. It says: Inadequate pain
3 management can lead to behavioral symptoms
4 that mimic those seen with psychological
5 dependence and can be mistaken for
6 addiction.

7 Did I read that correctly?

8 A. That's what the words say.

9 Q. (Reading) In the case of
10 pseudoaddiction, the problem behavior is
11 resolve after sufficient pain relief is
12 established.

13 A. That's what it says.

14 Q. There's no sound scientific
15 support for that, sir?

16 MR. STERN: Objection; lack of
17 foundation, form.

18 BY MR. BUCHANAN:

19 Q. You know that, right?

20 MR. STERN: Objection to form;
21 lack of foundation.

22 A. I don't know that. I don't know
23 the basis of this definition.

24 Q. Well, you'd agree, certainly, if

1 you're going to try and quell doctors'
2 concerns about opioids and risks of
3 addictions, you better have some robust
4 data if you're going to do that 'cause
5 that's a big deal, right?

6 MR. STERN: Objection to the
7 form; lack of foundation; calls for --
8 could call for a legal conclusion.

9 A. Could you ask the question
10 again, please?

11 Q. Sure.

12 If you're going to try and quell
13 doctors' concerns about opioids and risks
14 of addiction, you better have some robust
15 studies and data if you're going to do
16 that?

17 MR. STERN: Objection to the
18 form.

19 BY MR. BUCHANAN:

20 Q. 'Cause addiction is a big deal?

21 MR. STERN: Objection to the
22 form; lack of foundation; compound
23 question; could call for legal
24 conclusion.

1 A. I don't know if there's data
2 behind this or not. I can't comment on
3 that.

4 Q. Okay. Let's go forward.

5 We can agree, certainly, the
6 NIPC was saying it in 2005 and in 2001,
7 two slides we -- the two pieces we've
8 looked at so far, correct?

9 A. I see the words on the paper,
10 yes.

11 Q. And they were doing it in 2009,
12 if you go to Exhibit 24 next in order.

13 (Campanelli Exhibit 24,
14 document, was marked for
15 identification, as of this date.)

16 BY MR. BUCHANAN:

17 Q. Do you see the 2009
18 presentation, sir?

19 A. Yes.

20 Q. Chronic opioid therapy slide
21 deck?

22 A. I see it.

23 Q. Understanding risk while
24 maximizing analgesia, right?

1 A. I see it.

2 Q. And when we talk NIPC, you were
3 the funder for NIPC, period, right?

4 MR. STERN: Objection to the
5 form; lack of foundation.

6 A. I saw the document where Endo
7 made payments to the NIPC.

8 Q. Do you have the knowledge, sir,
9 that there were no other sources of
10 funding for NIPC other than you?

11 MR. STERN: Objection; lack of
12 foundation.

13 A. I don't know the answer to that.

14 Q. Okay. Well, here in 2009 and
15 let's just move forward to dot-82. There
16 it is again, sir. Not real addiction.
17 It's pseudoaddiction. That's what you're
18 training doctors.

19 MR. STERN: Object -- I'm sorry,
20 is that a question?

21 BY MR. BUCHANAN:

22 Q. Correct?

23 MR. STERN: Objection to the
24 form; lack of foundation.

1 A. Okay. Again, I don't know if
2 pseudoaddiction is a medical term, if it's
3 a term understood in the industry, and I
4 don't know if there's data behind the
5 statement.

6 Q. Okay. We'll go to 2012.

7 MR. STERN: Can you give us a
8 tab, or an exhibit?

9 MR. BUCHANAN: It's exhibit
10 number -- I think I need it.

11 (Pause.)

12 MR. BUCHANAN: Exhibit 25, next
13 in order.

14 (Campanelli Exhibit 25,
15 document, was marked for
16 identification, as of this date.)

17 BY MR. BUCHANAN:

18 Q. This will take us to 2012, sir.

19 Another Power Point presentation
20 going to 236.67. Okay. Pseudoaddiction.
21 Syndrome relating from undertreatment of
22 pain, et cetera.

23 Similar to the messages we've
24 read in the prior pages, sir, correct?

1 A. I'm sorry. Could you say that
2 one more time?

3 Q. Yeah. Pseudoaddiction, there's
4 a definition on the page.

5 You see that?

6 A. I see it.

7 Q. Similar to the definition we've
8 been looking at, correct?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. It appears consistent.

12 Q. Okay. Well, let's go forward,
13 sir, to Exhibit 40.

14 (Campanelli Exhibit 40,
15 document, was marked for
16 identification, as of this date.)

17 BY MR. BUCHANAN:

18 Q. Do you have before you
19 Exhibit 40 "Guideline for the use of
20 chronic opioid therapy and chronic
21 non-cancer pain"?

22 A. Yes.

23 Q. An Evidence Review?

24 A. That's what it says.

1 Q. Okay. I'd like to take you,
2 sir, to dot-102.

3 You see key question 32?

4 A. Yes.

5 Q. (Reading) The term
6 "pseudoaddiction" has been used to
7 describe a pattern of behaviors in
8 patients with unrelieved pain that
9 mimicked behaviors in patients who were
10 addicted to opioids such as escalating
11 doses, using higher doses than prescribed
12 and increasing demands in exaggeration of
13 symptoms. In such patients, it is
14 believed that effective treatment of the
15 pain should result in resolution of the
16 behaviors.

17 Do you see that, sir?

18 A. I see that.

19 Q. And the results of the search
20 revealed what, sir? Do you see beneath?

21 A. I see it.

22 MR. STERN: Objection.

23 BY MR. BUCHANAN:

24 Q. There's a question raised and a

1 research looked to see where are the
2 studies, right?

3 MR. STERN: Objection; lack of
4 foundation.

5 A. I'm not sure what you're asking
6 me to do.

7 Q. Okay. Where he see results
8 of -- take a step back.

9 This is an Evidence Review of
10 various issues relating to opioids,
11 correct?

12 A. That's what it says.

13 Q. Okay. There's a question here,
14 a question is noted, right?

15 A. I see it.

16 Q. Talks about one of the issues
17 we've just been talking about,
18 pseudoaddiction, correct?

19 A. Correct.

20 Q. Then it does a search for
21 systematic reviews and primary studies.

22 Do you see that, sir?

23 A. I do see that.

24 Q. (Reading) We identified no

1 systematic reviews or primary studies on
2 accuracy of tools for differentiating
3 drug-related behaviors due to inadequate
4 symptom relief and true aberrant
5 drug-related behaviors.

6 Did I read that correctly, sir?

7 A. Yes.

8 Q. And then they put a summary of
9 the evidence.

10 Do you see that, sir?

11 A. Yes.

12 Q. (Reading) We identified no
13 relevant studies that met the inclusion
14 criteria.

15 Did I read that correctly, sir?

16 A. That's what the words say.
17 That's what came out of this report.

18 Q. Okay. I mean, Endo knows this
19 firsthand, right?

20 MR. STERN: Objection; lack of
21 foundation. Objection to the form.

22 BY MR. BUCHANAN:

23 Q. That there's no support for
24 pseudoaddiction?

1 A. I don't know what --

2 MR. STERN: Objection; lack of
3 foundation.

4 A. I don't know where this document
5 came -- went to or where it -- I mean, is
6 this -- I don't know the origin of this
7 document at Endo.

8 Is this -- if this is even in
9 the Endo system.

10 Q. Sir, these are the -- it's the
11 2009 Evidence Review on issues with
12 opioids, chronic pain, right?

13 A. That's what it says.

14 Q. Okay. You'd certainly hope your
15 pharmaceutical company had that in its
16 files; wouldn't you?

17 MR. STERN: Objection; form;
18 lack of foundation.

19 A. It would be an important
20 document.

21 Q. Okay. Well, you know this issue
22 came to a head with folks in New York,
23 right?

24 MR. STERN: Objection to the

1 form; lack of foundation; time frame;
2 who the folks are.

3 MR. BUCHANAN: Okay.

4 BY MR. BUCHANAN:

5 Q. The attorney general?

6 A. Presumably, yes.

7 Q. You all got called on this
8 issue; didn't you?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. I have no idea.

12 Q. Okay. Passing you what we've
13 marked as, is that 106 or 105?

14 MR. BACHMAN: 106.

15 MR. BUCHANAN: 106.

16 A copy for you as well, counsel.

17 (Campanelli Exhibit 106,

18 document, was marked for

19 identification, as of this date.)

20 BY MR. BUCHANAN:

21 Q. Sir, this is an agreement and
22 assurance of discontinuance you, Endo,
23 agreed to, with the State of New York, the
24 attorney general in particular, correct?

1 MR. STERN: Objection to the
2 form; lack of foundation. And
3 objection to the use of this document
4 at all under its own terms.

5 A. Can I study this document?

6 Q. Yeah, sure.

7 A. (Perusing document.)

8 Okay.

9 Q. You had a chance to review it,
10 sir?

11 A. Not in detail.

12 Q. Okay. This is from, what, 2016?
13 You have the date on the back,
14 sir.

15 A. I'm going to look at it.

16 March 1st, 2016.

17 Q. I mean, it's not a document
18 you're unaware of, right?

19 A. I'm generally aware of -- of
20 this document.

21 Q. Right.

22 And it's executed by the former
23 CEO, Mr. DeSilva, correct?

24 A. Correct.

1 Q. This is a big deal, right?

2 MR. STERN: Object to the form
3 of the question; lack of foundation.

4 A. I was made generally aware the
5 situation at that time.

6 Q. Okay. And this is around the
7 time after Endo bought Par?

8 A. Correct.

9 Q. Okay. Certainly there's
10 agreements and promises that are made by
11 Endo in terms of how it's going to proceed
12 prospectively after it signed this, right?

13 A. Again, while I look at this
14 document, it looks like we are required to
15 enhance and maintain systems.

16 Q. Okay. Well, let's -- let's look
17 at one of the items that was called to
18 your attention following the
19 investigation. It's E894.7, paragraph 23.

20 A. I'm there.

21 Q. (Reading) Endo also trained its
22 sales representatives to distinguish
23 addiction from pseudoaddiction, a
24 purported condition in which patients

1 exhibit drug-seeking behavior which
2 resembles but is not the same as
3 addiction.

4 Do you see that paragraph, sir?

5 A. Yes.

6 Q. (Reading) The pseudoaddiction
7 concept has never been empirically
8 validated and, in fact, has been abandoned
9 by some of its proponents.

10 Did I read that correctly, sir?

11 A. Correct.

12 Q. And what you all agreed to do,
13 if I can take you to 894.15.

14 A. I'm sorry. Which number was
15 that?

16 Q. If I can take you to dot-10.

17 And what you agreed to do is not
18 say it anymore, right?

19 A. What it's saying --

20 MR. STERN: Objection to the
21 form. Objection to the use of this
22 document. Objection to foundation.

23 A. It says --

24 Q. It's paragraph 41B.

1 Do you see that, sir?

2 A. What I see is that Endo's going
3 to maintain policies prohibiting written,
4 oral or false, misleading, deceptive and
5 then it goes on to say: Endo shall not.

6 Q. Right.

7 So we look at the heading
8 "Truthful statements regarding addiction
9 risk and crush resistance."

10 Do you see that?

11 A. Yes.

12 Q. It says, the first sentence that
13 you read, and it says: In particular,
14 Endo shall not.

15 Right. Then it's got a list of
16 items?

17 A. Correct.

18 Q. The second item there is: Shall
19 not make statements that most patients who
20 take opioids do not become addicted unless
21 such statements are supported by competent
22 and reliable evidence.

23 Do you see that?

24 A. Yes.

1 Q. Okay. Scroll down to item E:
2 Use the term "pseudoaddiction" in any
3 training or marketing.

4 Do you see that?

5 A. Yes.

6 Q. Okay. And sitting here today,
7 sir, you're not aware of any robust
8 studies that would support a use of that
9 term, right?

10 MR. STERN: Objection; lack of
11 foundation.

12 A. Again, it's not something that I
13 would have been part of, as I wasn't at
14 Endo at that time.

15 Q. Since March of 2016, has Endo
16 used the term "pseudoaddiction" anywhere
17 with regard to its discussions or
18 supported educational programs where that
19 term is used?

20 MR. STERN: Objection; lack of
21 foundation.

22 A. I don't know the answer to that,
23 but I can see where we made a commitment
24 not to do so.

1 Q. And if you made a commitment not
2 to do so, it would be your expectation
3 that the company would not do so, correct?

4 A. Yes.

5 Q. Okay.

6 MR. BUCHANAN: If I can have
7 Exhibit 26, please.

8 THE WITNESS: Am I going to
9 tab --

10 MR. BUCHANAN: You are, but I
11 think this is an audio file.

12 (Campanelli Exhibit 26, CD, was
13 marked for identification, as of this
14 date.)

15 MR. BUCHANAN: Passing over
16 Exhibit 26 for counsel, if they'd like
17 to review the broader program.

18 MR. STERN: Do you have copies
19 of either the video or the audio?

20 MR. BUCHANAN: I don't, but
21 you're welcome to use those today.
22 You can take them to make copies. We
23 can make a stipulation.

24 MR. STERN: Okay.

1 MR. BUCHANAN: I'm sorry. Wait.
2 Do we have additional copies?
3 So one for the record and one
4 for counsel.

5 Okay. We'll work it out. We're
6 not trying to keep that stuff out of
7 your hands.

8 BY MR. BUCHANAN:

9 Q. All right. So, we're on Exhibit
10 26.

11 And, so, with the NIPC, you'd
12 given NIPC money, right?

13 A. I'm sorry?

14 MR. STERN: Objection; lack of
15 foundation.

16 BY MR. BUCHANAN:

17 Q. Well, we saw, sir, in the letter
18 back to Vice President Biden, was the
19 company established the NIPC in 2001,
20 right?

21 A. Correct.

22 Q. Gave it some 31 million dollars,
23 right?

24 A. It looks like the company

1 contributed 31 million dollars over a
2 series of years.

3 Q. To support educational
4 initiatives, correct?

5 A. That's what appears to be the
6 intention.

7 Q. Okay. And then there would be
8 doctors that would go out and start
9 teaching other doctors your message,
10 right?

11 A. Okay. Again, I wasn't here. I
12 don't know. I'd have to understand deeper
13 in that document what was going on.

14 Q. Okay.

15 MR. BUCHANAN: Could we play --
16 let's pause for a moment. I'll
17 represent before we play it, this is
18 Bates number KP360,
19 OHIO_MDL_000095691. It's excerpts of
20 a Dr. Grace Ford, one of the NIPC
21 speakers during one of the speaker
22 programs.

23 MR. STERN: Objection to the use
24 of just an excerpt.

1 What is the date? That's a good
2 question.

3 MR. BUCHANAN: I don't have it
4 on my sheet.

5 Can we provide it?

6 I understand it's 2006. I'll
7 get a formal month and day for you.

8 Could we queue up, please,
9 Corey, I believe it occurs about 17
10 minutes in, 17:45?

11 BY MR. BUCHANAN:

12 Q. And these are the words of Dr.
13 Grace Ford, an NIPC speaker, supported and
14 funded with your dollars, sir.

15 MR. BUCHANAN: Can you play it,
16 please, Corey?

17 (Audio recording played.)

18 "Appropriate decision regarding
19 opoid therapy require a comprehensive
20 assessment and comprehensive
21 assessment is required by JAYCO. And
22 pain is a fifth vital sign. You to
23 treat patient's pain adequately. If
24 not, you can and you will be sued."

1 MR. BUCHANAN: Let's pause.

2 BY MR. BUCHANAN:

3 Q. Your speaker, to an audience of
4 doctors, medical professionals, through
5 the NIPC with your dollars, is telling
6 other dollars that if they don't do this,
7 they will be sued.

8 Did you hear that, sir?

9 MR. STERN: Objection; lack of
10 foundation.

11 A. I think you got to repeat your
12 question.

13 Q. Your speaker, Dr. Grace Ford, to
14 an audience of doctors, medical
15 professionals, other health care
16 providers, through the NIPC with your
17 dollars, is telling other doctors that if
18 they don't do this, they will be sued.

19 MR. STERN: Objection to the
20 form and lack of foundation.

21 BY MR. BUCHANAN:

22 Q. Correct?

23 MR. STERN: Objection to the
24 form and lack of foundation.

1 A. I heard the words "you will be
2 sued."

3 This is an 18-minute audio. You
4 played me about 30 seconds of it. Explain
5 that a little bit better.

6 Q. You did hear that, sir?

7 A. I did hear the words "you will
8 be sued" on an 18-minute audio.

9 Q. And the record should, so you're
10 aware, and I don't know if you're aware of
11 this, sir, I have a limit on how many
12 hours I get to ask you questions. I'm
13 sure we're both thankful about that.
14 Which means I am not going to play for you
15 the entire presentations in various audio
16 files. If there is something worthy that
17 your counsel would like to present to your
18 recollection, I'm sure he will.

19 But, will you agree with me,
20 sir, that what she told, in your sponsored
21 CME, using your dollars to train
22 physicians with the message you endorse,
23 that you will be sued if you don't do
24 this?

1 MR. STERN: Objection; lack of
2 foundation.

3 A. Could I hear the audio again?

4 MR. BUCHANAN: Sure.

5 (Audio recording played.)

6 "Appropriate decision regarding
7 opoid therapy require a comprehensive
8 assessment and comprehensive
9 assessment is required by JAYCO. And
10 pain is a fifth vital sign. You to
11 treat patient's pain adequately. If
12 not, you can and you will be sued."

13 BY MR. BUCHANAN:

14 Q. You have to treat patients'
15 pain adequately. If you don't, you can
16 and you will be sued.

17 That's the educational message
18 your 31 million dollars was being used to
19 support.

20 MR. STERN: Objection to the
21 form and lack of foundation.

22 BY MR. BUCHANAN:

23 Q. Right, sir?

24 A. Okay. I heard the words that

1 she spoke.

2 I don't know her basis of that
3 is.

4 Q. So, one thing you were doing,
5 sir, is you were combating opiophobia,
6 fear and concerns of opioids. Don't call
7 it addiction, call it pseudoaddiction.

8 That's one technique that was
9 being used for the NIPC, right?

10 MR. STERN: Objection to the
11 form; lack of foundation.

12 A. You keep on saying "you." I
13 just need to make it clear I wasn't there
14 at the time.

15 I'm not entirely sure what she's
16 saying or what's going on.

17 Q. Okay.

18 A. At this period of time.

19 Q. An entity, sir, that you gave 31
20 million dollars to over the years.

21 MR. STERN: Objection to lack of
22 foundation. Objection to the form.

23 BY MR. BUCHANAN:

24 Q. Agreed?

1 A. You showed me a doctor -- a
2 document which showed that there was the
3 31 million dollar contribution.

4 Q. Supported them before that
5 presentation by Ms. Ford, right?

6 MR. STERN: Objection to the
7 form and lack of foundation.

8 A. I'm uncertain of the -- the
9 timing 'cause I don't know if you're sure
10 of the timing of that audio as well.

11 Q. Continued to support them until
12 2011, right?

13 A. That's what the document shows.

14 Q. And, in fact, you know how these
15 CMEs work, right?

16 A. I don't know what you mean by
17 that question.

18 Q. I mean the companies that
19 sponsor often send representatives to
20 monitor the CMEs, right?

21 MR. STERN: Objection; lack of
22 foundation.

23 A. It would not be unusual.

24 Q. Right. You've got a CD&E group.

1 We looked at Ms. Kitlinski's name a moment
2 ago.

3 MR. STERN: Objection to the
4 form; lack of foundation.

5 BY MR. BUCHANAN:

6 Q. And her statements about how
7 CD&E was going to go about doing this,
8 right?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. I would need to study that
12 document in greater detail.

13 Q. Well, let's go to Exhibit 28.

14 (Campanelli Exhibit 28,
15 document, was marked for
16 identification, as of this date.)

17 BY MR. BUCHANAN:

18 Q. You also got reports back from
19 your organization, the NIPC, so you could
20 make sure your dollars were being
21 well-spent, right?

22 MR. STERN: Objection to the
23 form; lack of foundation.

24 A. I would have to study this

1 document.

2 Q. What you'd get back you'd see
3 was the message you wanted delivered being
4 heard and received, right?

5 A. Again I would have to study this
6 document to understand what this executive
7 summary is indicating.

8 Q. Okay. So, this is a 1282.1,
9 it's Exhibit 28, National Initiative on
10 Pain Control executive summary, right?

11 A. That's what it says.

12 Q. This is reporting on a period of
13 time and it's describing really the -- the
14 efforts that were undertaken, the target
15 audiences, et cetera.

16 You see that?

17 A. You'd have to give me a moment
18 to -- to understand this document.

19 Q. And you're entitled to that
20 moment, sir.

21 A. (Perusing document.)

22 The topic's talking about
23 advancing an opioid's analgesia,
24 maximizing benefits while minimizing risk.

1 Q. Okay. And let's go, please, to
2 dot-4.

3 A. Okay.

4 Q. And these are the exit
5 interviews of participants and the
6 comments that are provided back following
7 the CME, right?

8 MR. STERN: Objection; lack of
9 foundation.

10 Q. You're free to orient yourself
11 to the document, sir. I understand you
12 didn't attend it.

13 A. It appears to be feedback from
14 doctors.

15 Q. Right.

16 And, so, the question put to the
17 attendees is following this activity, the
18 CME activity, what is the most important
19 change you will make in your practice?

20 Do you see that?

21 A. Yes.

22 Q. Second bullet says what, sir?

23 A. More use of opioids.

24 Q. More use of opioids.

1 Fourth bullet says: Use opioids
2 earlier with my pain patients.

3 Do you see that?

4 A. It's the fifth bullet, but yes,
5 I see it.

6 Q. Fifth bullet. Thank you.
7 Appreciate the clarification, sir.

8 So, use more and use them
9 earlier.

10 2006, that's where we are now,
11 right?

12 MR. STERN: Objection to the
13 form of the question.

14 A. Talks about communication, talks
15 about assessment. Talks about a lot of
16 things here.

17 Q. You agree, sir, this is the
18 takeaway, most important change you will
19 make in your practice. These are the
20 bullets we're looking at.

21 Right?

22 A. There are --

23 MR. STERN: Objection; lack of
24 foundation. Except for what's on the

1 face of the document.

2 A. Again, these are -- are -- are
3 quick, short bullets that contain other --
4 other open-ended questions.

5 Q. Well, we do know, sir, that
6 there was more opioids being used in 2006
7 than there were in 2000, right?

8 A. The document you showed me
9 showed an increase with respect to Endo.

10 Q. We know generally, we looked at
11 the CDC charts, more opioids being used,
12 right?

13 A. That's what the chart showed.

14 Q. Right.

15 Sales were going up, right?

16 A. The correlation you're referring
17 to?

18 Q. Yes.

19 A. I saw it.

20 Q. Deaths are going up, right?

21 A. That's what the document showed.

22 Q. Treatment admissions are going
23 up, correct?

24 A. That's what the document showed.

1 Q. And we see the take-home from
2 your company-sponsored CME program with
3 your captive NIPC organization is more use
4 of opioids, right?

5 MR. STERN: Objection to the
6 form of the question.

7 BY MR. BUCHANAN:

8 Q. Do you see that, sir? Second
9 bullet point.

10 A. Again you're going to a snapshot
11 here. I'd like to study this document in
12 more detail to see if there's other things
13 that would be important.

14 Q. Do you see the bullet I'm
15 referring to, sir?

16 A. I see two bullets you're
17 referring to.

18 Q. Sure. And we know what the CDC
19 ultimately came out and said in 2016,
20 right?

21 A. Yes.

22 Q. They said use less?

23 MR. STERN: Objection.

24

1 BY MR. BUCHANAN:

2 Q. Right?

3 MR. STERN: Objection; lack of
4 foundation; mischaracterizes the CDC
5 guidelines.

6 MR. BUCHANAN: I don't think it
7 does, counsel, but if you want to
8 object to form, that's fine, or
9 foundation.

10 MR. STERN: I am to both.

11 MR. BUCHANAN: It precisely says
12 what I say.

13 A. You'd have to show me that
14 document.

15 Q. You don't have familiarity with
16 the CDC guidelines from 2016, sir?

17 A. Not off the top of my head, no.

18 Q. Go slow and go low.

19 Haven't heard that?

20 A. No, I have not.

21 Q. Certainly not saying use more
22 opioids.

23 Can we agree to that?

24 A. If you show me the document, I

1 can opine on it.

2 Q. Can we agree, sir, that just as
3 somebody who hasn't seen the document,
4 you're not hearing a message today in your
5 community of use more opioids?

6 A. I'm not hearing that in our
7 community.

8 Q. You're not hearing a message in
9 your community, sir, of use opioids
10 earlier with your pain patients?

11 A. Okay. Our understanding is to
12 use opioids responsibly for their intended
13 purposes. Again, there's tens of
14 thousands, if not millions of patients
15 that require opioids to relieve pain for
16 its intended use.

17 Q. Start low and go slow. That's
18 what the CDC's telling people after those
19 big run-up in sales that you all led in
20 the early 2000s, right, sir?

21 MR. STERN: Objection; lack of
22 foundation.

23 A. Again, as I stated, I don't know
24 if that's what's in that document.

1 Q. Let's go to Exhibit 27.

2 (Campanelli Exhibit 27, e-mail,
3 was marked for identification, as of
4 this date.)

5 BY MR. BUCHANAN:

6 Q. Here is a report out of the
7 CME -- report out of a CME NIPC opioid
8 Cinci program.

9 You're familiar, sir, Cincinnati
10 is in Ohio?

11 A. No, I'm not familiar with it.

12 Q. Okay. I'll represent to you,
13 sir, that Cincinnati is in Ohio.

14 This is a summary of a NIPC
15 opioid Cinci program from 2003. It's an
16 e-mail exchange with Ms. Kitlinski, the
17 head of CD&E that we talked about, her
18 colleague and junior, Vin Tormo, coming
19 out of this late 2003 NIPC program.

20 You see it?

21 A. I see it.

22 Q. I'm going to start towards the
23 back.

24 And you see at the bottom of

1 dot-1 there's a e-mail from Teresa Leigh,
2 and she's reporting on the feedback they
3 got from doctors coming out of the
4 program, right?

5 And I'm actually going to focus
6 on the -- I'm sorry. Did you answer?

7 A. No, I did not.

8 Q. Okay.

9 A. I don't know the answer to that.
10 I don't know that that's what this says.

11 Q. It's reporting to colleagues
12 here, Cincinnati district manager Teresa
13 Leigh is telling her colleagues, including
14 Mr. Tormo and Ms. Kitlinski, what happened
15 on Thursday, November 23rd, 2003, right?

16 MR. STERN: Objection.

17 A. I'm not seeing those names that
18 you're referring to here.

19 Q. Do you see Ms. Leigh? Do you
20 see that on the screen?

21 A. Yes.

22 Q. You see Mr. Tormo?

23 A. Yes.

24 Q. And you see up the stream Ms.

1 Kitlinski?

2 A. Now you're going to the top of
3 the e-mail?

4 Q. I'm sorry. We were going to
5 talk about that.

6 A. I see her name at the top of the
7 e-mail string.

8 Q. That was why you couldn't agree
9 with me a moment ago?

10 A. I didn't see it.

11 Q. Okay. Fair enough.

12 Let's go now to November 13,
13 2003, 11:24 p.m., the response from Mr.
14 Tormo: Thanks for the feedback, Teresa.

15 Again reporting on the NIPC
16 opioid Cinci program. And then it
17 continues.

18 You see that?

19 A. You're referring to "Glad that
20 your recommendation"? Is that where you
21 are?

22 Q. I'm referring to the middle
23 e-mail, sir, 11:24 p.m.

24 A. Yeah, I see it.

1 Q. Okay.

2 (Reading) Thanks for the
3 feedback, Teresa. Glad that the program
4 went so well. Three exclamation points.
5 You see that?

6 A. Yeah.

7 Q. Okay.

8 (Reading) Glad that your
9 recommendation to have the opoid program
10 in Cincinnati paved the way towards.

11 You see that part of the
12 sentence?

13 A. Yes, I do.

14 Q. (Reading) And lessened the fear
15 of appropriately prescribing opioids.

16 Do you see that?

17 A. Yes.

18 Q. And that's what you all were
19 trying to do, lessen fear, grow the
20 market, expand usage, right?

21 MR. STERN: Objection to the
22 form; lack of foundation; selective
23 quotation of the e-mail.

24 A. I don't know what she's doing

1 here.

2 Q. Okay. You understand that
3 phobia is fear, right?

4 A. As I said, it was a term I was
5 not -- I'm not familiar with this term.

6 Q. Okay. You don't understand the
7 reference to fear?

8 A. I understand fear.

9 Q. Okay. And lessening fear,
10 correct?

11 A. Yes.

12 Q. And, so, one of the things Mr.
13 Tormo was glad about lessening the fear of
14 appropriately prescribing opioids, right?

15 A. That's what it says, but it's
16 referring to a program, and I don't know
17 what happened at the program.

18 Q. Well, we've heard some of the
19 audio from your program, sir, right? That
20 one was at least trying to induce fear
21 that you would get sued if you didn't
22 prescribe opioids, right?

23 A. Okay. That was a -- that was
24 the -- the --

1 Q. Dr. Ford.

2 A. That was the 30-second audio
3 clip I listened to?

4 Q. Yeah.

5 You recall that?

6 A. I recall that 30-second clip.

7 Q. Okay. Be fair to say that was
8 inducing or at least trying to induce fear
9 about what would happen if you don't
10 prescribe, right?

11 A. I don't know what --

12 MR. STERN: Objection; lack of
13 foundation.

14 A. I don't know what she was
15 referring to.

16 Q. I guess we all heard it and the
17 jury will hear it, and they'll have an
18 opportunity to decide.

19 Fair?

20 A. Fair.

21 MR. BUCHANAN: I'm about ready
22 to move into a different topic. I
23 know there was discussion about having
24 lunch today. I assume we're still

1 going to try to do that.

2 What I would like to do before
3 we take a break, if you guys are
4 amenable to a break, is just mark a
5 couple of things for cleanup here.

6 Can I have the exhibits?

7 (Pause.)

8 MR. BUCHANAN: Marking for the
9 exhibit the underlying source data for
10 the demonstratives just so they're
11 complete and you all have a record, to
12 the extent there's any desire to sync
13 things up later.

14 Exhibit 14 is E1848. It's Par
15 sales.

16 MR. STERN: Wait. Hold on a
17 minute.

18 MR. BUCHANAN: I'm going to pass
19 these over to you and you can have
20 them.

21 MR. STERN: We have an
22 Exhibit 14.

23 MR. BUCHANAN: No, I said
24 E1840 -- I'm sorry. Exhibit 214. I'm

1 sorry.

2 Exhibit 214, alternately
3 referenced as E1848, is a summary of
4 Par sales data that was produced by
5 defense counsel to plaintiffs, which
6 underlies some of the charts that we
7 looked at.

8 (Campanelli Exhibit 214,
9 document, was marked for
10 identification, as of this date.)

11 MR. BUCHANAN: Exhibit 213,
12 alternately marked as E1847, is the
13 underlying data for Qualitest sales
14 that was produced to us.

15 (Campanelli Exhibit 213,
16 document, was marked for
17 identification, as of this date.)

18 MR. BUCHANAN: Exhibit 209 is
19 the underlying data on a drive of the
20 Endo sales data, the CDC deaths, and
21 early Qualitest data.

22 (Campanelli Exhibit 209, flash
23 drive, was marked for identification,
24 as of this date.)

1 MR. BUCHANAN: I think that
2 cleans up the exhibits prior to taking
3 lunch.

4 And you're free to peruse those
5 if you need to.

6 At this point, I propose we take
7 a break for lunch, as briefly as you'd
8 like.

9 MR. STERN: Sure.

10 THE VIDEOGRAPHER: All right.
11 Stand by. Microphones.

12 The time is 1:56 p.m.

13 Off the record.

14 (Luncheon recess taken.)

15 - - -

16 A F T E R N O O N S E S S I O N

17 - - -

18 THE VIDEOGRAPHER: We are back
19 on the record.

20 The time is 2:38 p.m.

21 BY MR. BUCHANAN:

22 Q. Sir, we're back on the record.

23 We spent some time before lunch
24 talking about the NIPC and other matters

1 A. I'm sorry. One more time?

2 Q. The American Pain Foundation?

3 A. I'm not familiar with it.

4 Q. You may have heard of it by its
5 acronym, APF?

6 A. Fair.

7 Q. Does that seem familiar to you?

8 A. Yes.

9 Q. Could we go to Tab 30 in your
10 binder, sir?

11 Tab 30 is a response to an
12 inquiry, I believe, by Senator Grassley
13 put together by counsel for Endo and it's
14 got some attachments to it. I'm going to
15 focus on the attachments and I'll
16 represent to you, sir, the attachments
17 reflect payments to various entities that
18 were the subject of inquiry by Senator
19 Grassley.

20 Okay?

21 A. Okay.

22 Q. If you can get past the body of
23 the letter, you'll see an addenda, and
24 it's actually at dot-24.

1 So, the American Pain
2 Foundation -- dot-24, sir.

3 A. Okay.

4 Q. The American Pain Foundation is
5 another entity that Endo supported over
6 the years.

7 Fair?

8 A. I see that.

9 Q. Thousands and thousands and,
10 indeed, hundreds of thousands of dollars
11 in checks written over the years, right?

12 MR. STERN: Objection; lack of
13 foundation. Except what's in this
14 document.

15 A. I -- I see -- I see American
16 Pain Foundation and I see dollars
17 attributed to -- to the APF.

18 Q. Sir, I take it you don't doubt
19 the -- that the company, in response to a
20 congressional or Senate inquiry, would
21 indeed try and collect accurate and
22 complete information in response to such
23 an inquiry?

24 A. I would think that to be the

1 case.

2 I just don't know what I'm
3 looking at yet.

4 Q. Okay. What we see here are
5 years and precise payments by month of
6 payment, the official organization name
7 and the purpose of the payment.

8 You see that? I'm on dot-24
9 still.

10 A. I see it.

11 Q. You know, '99 shows 20,000; 2000
12 25,000; 2001 \$20,000; 2002 \$25,000. And
13 then we see as time goes on they get
14 larger, correct?

15 A. I see some increases.

16 Q. Okay. You can go to page
17 dot-25.

18 And you see over time a little
19 short of 6 million dollars to the American
20 Pain Foundation, right?

21 A. That's what it says.

22 Q. Okay. And one of the things the
23 American Pain Foundation was doing was
24 pulling together patient brochures in

1 doctors' offices to give to patients,
2 right?

3 MR. STERN: Objection to the
4 form of the question.

5 A. I don't know that.

6 Q. Okay. Let's go to Exhibit 31,
7 next in order.

8 (Campanelli Exhibit 31,
9 document, was marked for
10 identification, as of this date.)

11 BY MR. BUCHANAN:

12 Q. This is a July 31, 2001
13 correspondence with the American Pain
14 Foundation.

15 I'm sorry. There's an e-mail
16 that is the cover from August of 2001 from
17 Ms. Kitlinski to Ms. Ammon and Skip
18 Ivison.

19 Do you see that?

20 A. Yes.

21 Q. That's the cover e-mail?

22 A. I see it.

23 Q. Okay. And Ms. Ammon, again, she
24 was the CEO at that point in time?

1 A. Yes.

2 Q. And Skip Ivison, who's he?

3 A. I don't know.

4 Q. Okay. In the body of the e-mail
5 reflects that there's been some
6 interactions with executive director of
7 the APF, or the American Pain Foundation,
8 and asks you to forward along the update.

9 Do you see that?

10 A. Yes.

11 Q. Indicates second line of Ms.
12 Kitlinski's e-mail: He also expressed his
13 appreciation for the support Endo's
14 provided to APF and is forwarding a copy
15 of - I guess that's a tax form - to the
16 company.

17 Do you see that?

18 A. That's what Kitlinski's
19 indicating.

20 Q. Okay. Let's look at 1326.2, or
21 dot-2 for simplicity.

22 This is a memo from the American
23 Pain Foundation.

24 MR. BUCHANAN: Actually, can you

1 zoom out for a second, Corey?

2 Q. We see American Pain Foundation
3 to Ms. Kitlinski, cc the CEO and Mr.
4 Iverson from the executive director.

5 Do you see that?

6 A. Yes.

7 Q. Okay. And you see in the body
8 it's he's thanking -- thanking Ms.
9 Kitlinski for coming by, seeing the new
10 offices. And then he gives a report on
11 what's been happening.

12 Do you see that?

13 A. Okay. I see the words, yes.

14 Q. (Reading) During our meeting, I
15 hope to, 1, update you on our recent
16 activities, growth and future plans. 2,
17 learn more about relevant Endo activities
18 in terms of pain management and working
19 with third party advocacy groups, and then
20 3, discuss your interest in continuing to
21 support our projects.

22 Right?

23 A. I see it, yes.

24 Q. Then if we go to the third page,

1 we see an overview of recent APF
2 accomplishments, right?

3 A. I see it.

4 Q. It says: With support from
5 Endo.

6 And it outlines some of what we
7 saw in the prior document in terms of
8 funding, \$20,000 in 1999 and \$25,000 in
9 2000 and many other funders.

10 (Reading) APF has accomplished a
11 lot in the past two years.

12 Do you see that?

13 A. I see it.

14 Q. Okay. Let's go to dot-4. We
15 see "Patient Education Materials."

16 Do you see that heading, sir?

17 A. Yes.

18 Q. It says: The American Pain
19 Foundation produced the Pain Action Guide.

20 Right?

21 A. It says produced Pain Action
22 Guide, yes.

23 Q. (Reading) A patient education
24 pamphlet that has been so popular with

1 consumers and health care providers that
2 they're already in their third printing.

3 Right?

4 A. I see it.

5 Q. Okay. Have you seen the
6 pamphlets that the American Pain
7 Foundation put together and was giving out
8 to health care providers and doctors?

9 A. No, I have not.

10 Q. Okay. Let's go to -- let's go
11 to Exhibit 32, which is the next in order.

12 (Campanelli Exhibit 32,
13 document, was marked for
14 identification, as of this date.)

15 BY MR. BUCHANAN:

16 Q. Do you have Exhibit 32 before
17 you, sir?

18 A. Yes.

19 Q. Okay. Exhibit 32 says: Reading
20 this could help ease your pain.

21 Right?

22 A. Yes.

23 Q. Pain Action Guide, American Pain
24 Foundation.

1 A. That's what it says.

2 Q. Okay. We see, if you go to the
3 back, you see that it's, in fact, from
4 2000, right?

5 A. That's what the copyright says.

6 Q. Okay. And this was the
7 organization we saw you were writing
8 checks to, right?

9 MR. STERN: Objection to the
10 form of the question.

11 BY MR. BUCHANAN:

12 Q. I'm sorry, you, Endo.

13 At this point in time?

14 A. I saw the sheet that showed Endo
15 made a contribution over time.

16 Q. Made a contribution in '99,
17 right?

18 A. Yes.

19 Q. Made a contribution in 2000,
20 right?

21 A. Yes.

22 Q. And really in all the years up
23 through the time of the schedule that we
24 were looking at, right?

1 A. The schedule had precise years
2 on it, yes.

3 Q. Reflecting payments through the
4 years continuously until the time of the
5 schedule, right?

6 A. Correct.

7 Q. Okay. All right.

8 So, this is that patient
9 brochure, the pain action guide, from the
10 American Pain Foundation, correct?

11 A. That's what it says.

12 Q. Exhibit 32, let's go to --
13 sorry. Let's go to dot-8.

14 So, one of the things this
15 foundation you were funding was saying is
16 that -- telling all patients that not all
17 doctors even know how to treat pain.

18 MR. STERN: Objection to the
19 form and lack of foundation.

20 BY MR. BUCHANAN:

21 Q. Right?

22 A. I see the words.

23 Q. So, this is a patient pamphlet
24 financially supported by Endo, correct?

1 MR. STERN: Objection to the
2 form; lack of foundation.

3 A. Again, I saw the document that
4 you showed me.

5 Q. Okay. And the patient brochure
6 says: Not all doctors know how to treat
7 pain. Your doctor should give the same
8 attention to your pain as to any other
9 health problems. But many doctors have
10 had little training in pain care. If your
11 doctor is unable to deal with your pain
12 effectively ask your doctor to consult
13 with a specialist or consider switching
14 doctors.

15 Do you see that, sir?

16 A. Yes, I see that.

17 Q. Endo is financially supporting a
18 patient brochure telling patients to
19 doctor shop?

20 MR. STERN: Objection.

21 BY MR. BUCHANAN:

22 Q. If their doctor doesn't give
23 them what they want, right?

24 MR. STERN: Objection to the

1 form of the question and lack of
2 foundation.

3 A. I see those words.

4 I also see the page before it
5 where it says: Finding good pain care and
6 taking control of your pain can be hard
7 work. Learn all you can about pain and
8 possible treatments.

9 Q. Okay.

10 MR. BUCHANAN: I'll move to
11 strike the non-responsive portion.

12 Q. But the answer to my question is
13 yes, you see that, right?

14 A. I see the words.

15 Q. Okay. Coaching patients to
16 doctor shop?

17 MR. STERN: Objection to the
18 form of the question.

19 BY MR. BUCHANAN:

20 Q. If they don't get what they want
21 from their doctor?

22 MR. STERN: Objection to the
23 form of the question.

24 A. It says if your doctor's unable

1 to deal with your pain effectively.

2 Q. Ask your doctor to consult with
3 a specialist or consider switching
4 doctors.

5 That's what they wrote, right?

6 A. That's what it says.

7 Q. Okay. Let's look at the next
8 page, dot-9. It says: Pain medications
9 rarely cause addiction.

10 Do you see that?

11 A. I see it.

12 Q. That's not true?

13 MR. STERN: Objection; lack of
14 foundation. Objection to the form.

15 A. Okay.

16 Q. Agree?

17 A. I don't know what the basis of
18 these -- of this brochure is. I don't
19 know what's behind this. I don't know why
20 they chose to say this.

21 Q. It's got you scratching your
22 head though, right? How the heck were
23 they saying that?

24 MR. STERN: Object to the form;

1 lack of foundation.

2 A. As I say, I don't know why they
3 chose the words here.

4 Q. There is nothing rare about the
5 addiction with the use of pain medication,
6 sir?

7 MR. STERN: Objection to the
8 form; lack of foundation.

9 BY MR. BUCHANAN:

10 Q. You agree?

11 MR. STERN: Objection to the
12 form; lack of foundation.

13 A. Could you please say that again?

14 Q. There is nothing rare about
15 addiction with the use of pain medications
16 like opioids, sir. Agreed?

17 MR. STERN: Objection to the
18 form; lack of foundation.

19 A. Again, when used as -- as --
20 under the intended purposes, under the
21 labeled indication, we believe that they
22 are safe and effective. When they're
23 abused or misused, they could be
24 addictive.

1 Q. Pain medications rarely cause
2 addiction. That was in the patient
3 brochure that you, Endo, financially
4 supported?

5 MR. STERN: Objection to the
6 form.

7 BY MR. BUCHANAN:

8 Q. Right?

9 A. It also says: Unless you have a
10 history of substance abuse, there is
11 little risk of addiction.

12 Q. Okay. Where is the study for
13 that, sir?

14 A. I don't know if there is a study
15 or not.

16 Q. There certainly should be one if
17 you're going to tell patients that, right?

18 MR. STERN: Objection to the
19 form; lack of foundation; calls for a
20 legal conclusion.

21 A. Again, I don't know why the
22 words were chosen to be here.

23 Q. One of the ways to combat
24 opiophobia is to tell patients addiction

1 is rare, right?

2 MR. STERN: Objection to the
3 form; lack of foundation.

4 BY MR. BUCHANAN:

5 Q. That will help combat fears,
6 right?

7 A. I don't know the answer to that.

8 Q. Okay. It says: Morphine and
9 similar pain medications called opioids
10 can be highly effectively for certain
11 conditions. Unless you have a history of
12 substance abuse, there is little risk of
13 addiction when these medications are
14 properly prescribed by a doctor and taken
15 as directed.

16 Did I read that correctly?

17 A. Yes.

18 Q. We looked at the CDC chart,
19 right, from 2011? You saw that?

20 A. I saw it.

21 Q. You saw as more people take
22 these drugs, more people are overdosing
23 and dying, more people are going in for
24 treatment for what, sir?

1 MR. STERN: Objection to the
2 form of the question.

3 BY MR. BUCHANAN:

4 Q. Addiction, right?

5 A. I saw the chart. I saw the
6 statistics that you showed me. I saw the
7 sales going up.

8 Q. That look rare to you?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. I don't know the answer to that.

12 Q. Okay. Let's go forward in time.
13 Let's go to I think we're in
14 Exhibit 33.

15 (Campanelli Exhibit 33,
16 document, was marked for
17 identification, as of this date.)

18 BY MR. BUCHANAN:

19 Q. Next in order it looks like.

20 Again, another patient brochure,
21 Pain Action Guide from the American Pain
22 Foundation, right?

23 A. I see it.

24 Q. Okay. We see -- let's see if we

1 have a date on the back.

2 It's 2003, okay.

3 Let's go to dot-3.

4 Just to orient ourselves, sir,
5 in 2003, you all were still supporting the
6 American Pain Foundation, right?

7 MR. STERN: Objection to the
8 form; lack of foundation.

9 A. From the document you showed me,
10 it appears that Endo supported.

11 Q. Okay. And on this page it says:
12 Know the facts.

13 Right?

14 A. Yes.

15 Q. Facts, with an exclamation
16 point, right?

17 A. Yes.

18 Q. It's got a few points, then it
19 says, again: Not all healthcare providers
20 know how to treat your pain.

21 Right?

22 A. That's what the words say.

23 Q. (Reading) If your health care
24 provider is unable to treat your pain

1 effectively, ask him or her to refer to a
2 specialist. You may need to consider
3 changing providers.

4 You see that?

5 A. I see it.

6 Q. That is the recommendation in
7 the patient brochure that you all were
8 funding, you all being Endo?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. Again, I don't know any
12 underlying information that would have led
13 to that -- that -- that point.

14 Q. Okay. Next point says: Pain
15 medications rarely cause addiction.

16 Do you see that?

17 A. I see it.

18 Q. Looks like the one we looked at
19 a few minutes ago, right?

20 A. It was on the previous deck,
21 yes.

22 Q. Again, telling patients, telling
23 health care providers combating opiophobia
24 pain medications rarely cause addiction,

1 right?

2 MR. STERN: Objection to the
3 form of the question; lack of
4 foundation.

5 A. Again, I don't see the
6 opiophobia here.

7 Q. No, I -- this was the message
8 the company -- excuse me, the APF was
9 communicating with the company dollars to
10 consumers and health care providers,
11 right?

12 MR. STERN: Objection to the
13 form of the question; lack of
14 foundation.

15 A. They're communicating this point
16 as you're referencing.

17 Q. Okay.

18 (Reading) Pain medications
19 rarely cause addiction. Morphine and
20 similar pain medications called opioids
21 can be highly effective for certain
22 conditions. Unless you have a history of
23 substance abuse, there's little risk of
24 addiction.

1 And it continues.

2 You see that?

3 A. Yes.

4 Q. That's not true.

5 MR. STERN: Objection to the
6 form; lack of foundation.

7 BY MR. BUCHANAN:

8 Q. Right, sir?

9 A. I don't know the answer to that.

10 Q. As a person sitting here, sir,
11 in 2019, president of a pharmaceutical
12 company, is it rare to --

13 MR. STERN: I'm sorry. I also
14 object because the entire sentence was
15 not read just now.

16 MR. BUCHANAN: You just
17 interrupted my question, counsel.

18 MR. STERN: I apologize.

19 MR. BUCHANAN: There's
20 opportunity for redirect, and I
21 certainly wouldn't objected to a
22 comment before, but now I'm in a
23 question.

24

1 BY MR. BUCHANAN:

2 Q. As a person sitting here, sir,
3 in 2019, president of a pharmaceutical
4 company, are you surprised to see the
5 addiction risk of opioid medications
6 described as rare?

7 MR. STERN: Objection; lack of
8 foundation; mischaracterizes the
9 document; and objection to form.

10 A. As I sit here today, opioid
11 abuse and misuse is not surprising to see
12 that as addiction.

13 As the products that contain
14 opioids are prescribed for the indication
15 and use with respect to the label and the
16 indication, those drugs help millions of
17 Americans relieve pain.

18 Q. Sir, within the walls of Endo at
19 this very point in time, the company was
20 aware that the risk of addiction was
21 anything but rare.

22 Right?

23 MR. STERN: Objection to the
24 form.

1 At this point in time 2003?

2 MR. BUCHANAN: Yeah, 2003, early
3 2000s.

4 MR. STERN: Lack of foundation.

5 A. I have no idea what was going on
6 within the four walls of Endo in 2003.

7 Q. Okay. Let's look at 34, next in
8 order.

9 (Campanelli Exhibit 34, e-mail,
10 was marked for identification, as of
11 this date.)

12 BY MR. BUCHANAN:

13 Q. This is an e-mail from a Matthew
14 Clark to Ms. Kitlinski and others sent on
15 I guess it's March of 2004, attaching an
16 article Nicholson Drugs 2003.

17 Do you see that?

18 A. I see it.

19 Q. (Reading) Dear all: Article
20 mentioned yesterday.

21 Do you see that?

22 A. I see it.

23 Q. Okay. Next page: Responsible
24 prescribing of opioids for the management

1 of chronic pain.

2 I'm sorry. Dot-2.

3 A. I see it.

4 MR. BUCHANAN: Corey, could you
5 go to dot-3, please?

6 BY MR. BUCHANAN:

7 Q. It states: Estimates of
8 addiction rates among patients with
9 chronic non-cancer pain range from 3.2 to
10 18.9 percent.

11 Do you see that, sir?

12 A. I see it.

13 Q. High side of the range, one in
14 five people?

15 A. Almost.

16 Q. Is that rare to you?

17 MR. STERN: Objection; lack of
18 foundation.

19 A. Again, I don't know what this is
20 quoting, what statistics are used, what's
21 being reported here.

22 Q. Is that rare to you?

23 A. I don't know -- I don't know
24 it -- I don't know how to respond to that.

1 Q. One in five people addicted
2 chronic use of non-cancer pain opioids, is
3 that rare to you, sir?

4 MR. STERN: Objection to the
5 form; lack of foundation.

6 A. I don't know if that includes
7 people that are abusing or misusing or
8 people that are using a drug for its
9 intended purpose.

10 Q. 18.9 percent is not rare, sir.
11 We can agree on that?

12 MR. STERN: Objection to the
13 form; lack of foundation.

14 A. I just don't know.

15 Q. Okay. Are you familiar with the
16 literature, sir, even as of today saying
17 the rates of addiction are 8 to 12
18 percent?

19 MR. STERN: Objection to the
20 form; lack of foundation.

21 A. I'm not familiar with the
22 statistics.

23 Q. I'd just like to know, sir, if
24 you were aware that the rate of addiction

1 was 8 to 12 percent, would you have
2 endorsed characterizing that risk as rare,
3 sir?

4 MR. STERN: Objection to the
5 form of the question; lack of
6 foundation.

7 A. You're asking me to go back in
8 time back in 2003. I would need to know a
9 lot of information to be able to -- to
10 really respond to that intelligently.

11 Q. Okay. Well, there's no debate,
12 sir, we got a lot of addicted people in
13 this country following the last 15 years
14 of messages like we just looked at, right?

15 MR. STERN: Objection to the
16 form of the question; lack of
17 foundation.

18 A. I will agree that we have too --
19 too much addiction in this country. I do
20 not know if it's tied back to this
21 statement.

22 Q. Let's go to Exhibit 36, please.
23 (Campanelli Exhibit 36,
24 document, was marked for

1 identification, as of this date.)

2 BY MR. BUCHANAN:

3 Q. Because when you use the term
4 "rare," rare actually does have a meaning
5 in the pharmaceutical industry, right?

6 MR. STERN: Objection to the
7 form of the question.

8 A. I'd have to look at it on a
9 product-by-product basis.

10 Q. You've heard of CIOMS, sir?

11 A. No, I have not.

12 Q. Okay. CIOMS is the Council for
13 International Organizations of Medical
14 Science.

15 Are you aware of that?

16 A. No.

17 Q. Don't know it by the long name
18 or the acronym?

19 A. No.

20 Q. Okay. Exhibit 36, sir, is a
21 document entitled "Benefit-Risk Balance
22 for Marketed Drugs: Evaluating safety
23 signals."

24 You see that, sir?

1 A. Yes.

2 Q. Reported by the CIOMS Working
3 Group.

4 You see that?

5 A. I see it.

6 Q. Geneva 1998?

7 A. I see it.

8 Q. Okay. Quantification of risk.
9 Please go to dot-48.

10 As I said, sir, in your field,
11 the pharmaceutical industry, adverse
12 events are, in fact, characterized by
13 certain terms like "rare" and "common" and
14 "frequent."

15 Right?

16 A. I -- I don't know the answer to
17 that.

18 MR. BUCHANAN: Can you please
19 pull it up, Corey?

20 Q. (Reading) Quantification of
21 risk. Incidence of the reaction.

22 Okay.

23 A. I see that.

24 Q. Okay. I'm going to the middle

1 of the paragraph it says: However, risk
2 can often be approximated in terms of
3 magnitudes of 10 as suggested in the CIOMS
4 III report.

5 Do you see that, sir?

6 A. I see it.

7 Q. (Reading) Greater than or equal
8 to 1 percent comon or frequent.

9 You see that?

10 A. I see it.

11 Q. (Reading) Greater than or equal
12 to 1 per 1,000 but less 1 percent uncommon
13 or infrequent.

14 You see that?

15 A. I see it.

16 Q. (Reading) Greater than or equal
17 to 1 per 10,000 but less than 1 per 1,000,
18 that's rare.

19 Right?

20 MR. STERN: Objection; lack of
21 foundation.

22 BY MR. BUCHANAN:

23 Q. Did I read that correctly, sir?

24 A. You read it correctly.

1 Q. (Reading) Less than 1 per 10,000
2 very rare.

3 Right?

4 MR. STERN: Objection; lack of
5 foundation.

6 If you're asking what --

7 MR. BUCHANAN: I'm asking the
8 questions I just asked, counsel.

9 A. I see the words.

10 Q. Okay. Will you agree we looked
11 at the report from within inside the
12 company's walls from 2004, the 3.2 to 18.9
13 percent.

14 Do you recall seeing that just a
15 moment ago with me, sir?

16 A. I see the estimates that you've
17 put back on the screen.

18 Q. Yes, okay.

19 Let's now go back to the CIOMS
20 chart. You tell us where does even the
21 low end of that range, 3.2 percent, where
22 does that fall in these categories for
23 ranking frequency?

24 A. Can I bring up the other --

1 bring up the other --

2 MR. BUCHANAN: Can you pull them
3 up side-by-side, Corey, so he's got
4 them both?

5 BY MR. BUCHANAN:

6 Q. On the left is the CIOMS
7 definition of the various frequencies. On
8 the right is the publication from within
9 the company's walls of addiction rates.

10 Okay. So let's use the low end
11 of the rate from the publication of
12 addiction rates of 3.2 percent.

13 What I'll ask you to do, sir, is
14 looking at 3.2 percent, could you tell the
15 jury the frequency of that using the terms
16 that CIOMS says should be used?

17 A. I don't know on the bottom here
18 what the number of -- of cases it's
19 referring to where it says: Estimates of
20 the addiction rates among patients with
21 chronic non-cancer range from 3.2 to 18
22 percent.

23 Q. 3.2, sir, where does that fall
24 in the ranges that are provided in CIOMS?

1 A. It would be -- it would be very
2 rare.

3 Q. 3.2?

4 A. Where am I looking?

5 Q. 3.2 percent would be common or
6 frequent.

7 A. Where am I looking?

8 Q. You're looking at the top of
9 your screen, sir.

10 (Reading) Risk can often be
11 approximated in terms of the magnitudes of
12 10 as suggested in the CIOMS II report,
13 colon.

14 A. I stand corrected.

15 Yes, I see it. Common or
16 frequent.

17 Q. Right.

18 Addiction is common.

19 MR. STERN: Objection to the
20 form.

21 BY MR. BUCHANAN:

22 Q. Addiction is frequent.

23 MR. STERN: Objection to the
24 form of the question; lack of

1 foundation.

2 BY MR. BUCHANAN:

3 Q. Those are the terms CIOMS said
4 should be used to characterize the rates
5 we're look at in this publication from
6 2004.

7 Correct, sir?

8 MR. STERN: Objection to the
9 form. Objection to lack of
10 foundation.

11 A. As I said, I don't know what the
12 basis of this 1998 CIOMS document is. I
13 don't know if it -- if all drugs fall into
14 the same category. I don't know if this
15 is an FDA term or is this a -- I don't
16 know if this is tied to any special
17 indication of -- of drug.

18 Q. Okay, sir. Using the CIOMS
19 definitions, let's just stay with my
20 question. Using the CIOMS definition, 3.2
21 percent addiction rate is common or
22 frequent, correct?

23 MR. STERN: Objection to the
24 form; lack of foundation.

1 A. Using that definition, I see
2 where it says common or frequent, but I
3 don't know if it's comparing apples to
4 apples here.

5 Q. Okay. Well, the CIOMS is saying
6 these are the frameworks for frequencies.

7 MR. STERN: Objection; lack of
8 foundation. Objection to form.

9 BY MR. BUCHANAN:

10 Q. You see the CIOMS report, sir?

11 A. I see the CIOMS report.

12 Q. Okay. We could agree, sir, that
13 these brochures might have read a little
14 differently and probably had different
15 impact if, rather than saying pain
16 medications rarely cause addiction, if
17 they said pain medications frequently
18 cause addiction?

19 MR. STERN: Objection; calls for
20 speculation. Objection to form; lack
21 of foundation.

22 A. I don't know the answer to that.
23 I don't know.

24 Q. We could agree that's a

1 different sentence?

2 A. That would be different.

3 Q. Right.

4 Could have said pain medications
5 commonly or frequently cause addiction in
6 patients using them, right?

7 MR. STERN: Objection; form and
8 foundation.

9 BY MR. BUCHANAN:

10 Q. Right, sir?

11 A. I don't know if we're comparing
12 apples to apples here, sir.

13 Q. Okay. We can agree that that's
14 not what was said in the APF brochures
15 that the company financially supported,
16 correct, sir?

17 A. That's not what was said.

18 Q. Thank you.

19 Now I'd like to talk about
20 another group called the American Pain
21 Society.

22 Have you heard of them?

23 A. I've heard of them.

24 Q. Another group that you, Endo,

1 wrote millions of dollars in checks to,
2 right?

3 MR. STERN: Objection; form;
4 foundation.

5 A. Don't know the answer to that.

6 Q. To get your message out, right?

7 MR. STERN: Objection; form and
8 foundation.

9 A. I don't know the answer.

10 Q. I mean, you paid them
11 four-and-a-half million dollars to get
12 your message out, right?

13 MR. STERN: Objection to form
14 and foundation.

15 BY MR. BUCHANAN:

16 Q. You can answer.

17 A. That was the document you showed
18 me before?

19 Q. Yeah. And that's in the
20 document before, just to pull it up for
21 your convenience, sir.

22 MR. BUCHANAN: Corey, it's
23 287.30.

24 Q. This is the response to Senator

1 Grassley's inquiry. It's Exhibit 30.

2 Could you tell the jury, please,
3 what the total is to the American Pain
4 Society, funds from Endo to get your
5 message out, sir?

6 A. 4.468 million dollars.

7 Q. Okay. In fact, in dealing with
8 the APS, one of the things you were doing
9 was sponsoring training of residents to
10 try and combat opiophobia, correct?

11 MR. STERN: What time frame?

12 MR. BUCHANAN: Early 2000s.

13 MR. STERN: Objection to form
14 and lack of foundation for early
15 2000s.

16 BY MR. BUCHANAN:

17 Q. You Endo.

18 A. I don't know.

19 Q. Okay. Tried to provide them
20 with tools that you said will help them
21 look a patient in the eye and figure out
22 whether that patient was going to become
23 addicted.

24 MR. STERN: Objection to form

1 and foundation.

2 BY MR. BUCHANAN:

3 Q. Do you recall that, sir?

4 A. No, I don't recall that.

5 Q. You heard of the SOAPP tool?

6 A. No, I have not.

7 Q. Okay. Company came up with
8 screening tools and used screening tools
9 as part of its training trying to combat
10 opiophobia.

11 Correct, sir?

12 MR. STERN: Objection to form
13 and foundation.

14 A. I don't know that answer.

15 Q. Okay. Let's go to -- sorry.

16 Trying to move us along.

17 (Pause.)

18 Q. Exhibit 38, please.

19 (Campanelli Exhibit 38, e-mail,
20 was marked for identification, as of
21 this date.)

22 BY MR. BUCHANAN:

23 Q. Exhibit 38, sir, is an e-mail
24 attaching a outline of a presentation from

1 the APS: Fundamentals of pain management.

2 A primer for residents and fellows.

3 Do you see that?

4 A. You're referring to the
5 syllabus?

6 Q. I am, yes.

7 A. I see it.

8 Q. Okay. Can we go to dot-5?

9 (Reading) Fundamentals of pain
10 management. A primer for residents and
11 fellows.

12 Do you see that?

13 A. I see.

14 Q. Okay. And one of the -- let's
15 go to the next slide.

16 MR. BUCHANAN: I think it's on
17 dot-34, please, Corey.

18 Q. (Reading) Screener and Opioid
19 Assessment For Patients in Pain.

20 Do you see that? So-called
21 SOAPP?

22 A. I see the words.

23 Q. Yeah. And this was one of the
24 tools that you were giving out to

1 residents, people who were learning how to
2 practice medicine, how you were training
3 them up on how to combat opiophobia,
4 right?

5 MR. STERN: Objection; form and
6 foundation.

7 A. I don't know if this is a draft.
8 It was -- if it was used. I don't know if
9 this was -- I don't know if this was ever,
10 in fact, used.

11 Q. Okay. You do see with me, sir,
12 in dot-34, the Screener and Opioid
13 Assessment For Patients in Pain, SOAPP?

14 A. I see it.

15 Q. Okay. Well, let's look at what
16 the evidence review showed about the
17 effectiveness of these.

18 Let's go to Exhibit 39.

19 (Campanelli Exhibit 39,
20 document, was marked for
21 identification, as of this date.)

22 BY MR. BUCHANAN:

23 Q. This is something that appears
24 in -- I'm sorry. Before we get to

1 Exhibit 39, the SOAPP tool is something
2 you all the were using in your marketing,
3 you all were using through your support of
4 various patient groups and pain societies
5 to try and combat opiophobia, correct?

6 MR. STERN: Objection to form
7 and foundation.

8 A. I have no idea.

9 Q. Well, we just looked at it in
10 the APS materials. We can agree to that.

11 A. I saw it in the APS materials.

12 Q. Okay. Let's look at this
13 Evidence Assessment of the Agency For
14 Healthcare Research and Quality.

15 Do you see that?

16 A. No, I don't see it.

17 Q. Okay. It's at the bottom of the
18 page. The writing might be small.

19 MR. BUCHANAN: But maybe we
20 could blow it up a little, Corey, help
21 us all out.

22 A. I see it.

23 Q. It's an agency within U.S.
24 Government, sir?

1 A. I'm not familiar with this
2 agency.

3 Q. Okay. This is a 2014 review,
4 sir. It says: The effectiveness and risk
5 of long-term opioid treatment of chronic
6 pain.

7 MR. BUCHANAN: Let's go to key
8 question 4B, dot-90. Please blow it
9 up for us.

10 Q. (Reading) In patients with
11 chronic pain, what is the effectiveness of
12 use of risk prediction instruments on
13 outcomes related to overdose, addiction,
14 abuse or misuse?

15 Do you see that question?

16 A. Yes.

17 Q. Key point, it's called out on
18 the screen. What's it say?

19 A. (Reading) No study evaluated the
20 effectiveness of risk prediction
21 instruments for reducing outcomes related
22 to overdose, addiction, abuse or misuse.

23 Q. Okay.

24 A. (Reading) SOE: Insufficient.

1 Q. Insufficient.

2 No study evaluated the
3 effectiveness of the tools you were
4 training residents and fellows with.

5 MR. STERN: Objection to form
6 and foundation.

7 BY MR. BUCHANAN:

8 Q. Right, sir?

9 A. That's what the words say.

10 Q. Okay. Let's go to dot-91.

11 "Detailed synthesis" at the top.

12 (Reading) The APS review
13 identified no studies on the effectiveness
14 of risk prediction instruments in reducing
15 outcomes related to overdose, addiction,
16 abuse, or misuse. We also did not
17 identify any studies published since the
18 APS review addressing this question.

19 Did I read that correctly, sir?

20 A. Yes.

21 Q. You can set those aside, sir.

22 Okay. Now, in the early 2000s,
23 sir, there were hearings related to opioid
24 abuse, oxycodone, OxyContin in particular,

1 before Congress.

2 Are you aware of that?

3 A. No, I'm not familiar with that.

4 Q. Okay. Just being someone in the
5 industry, I mean you were in the industry,
6 obviously, in the early 2000s, correct?

7 A. Correct.

8 Q. Okay. I guess we can go back
9 to -- go back to Exhibit 11 in one of the
10 earlier binders. We can also pull it up
11 on the screen for the convenience of
12 everybody.

13 Dot-548. This is that DEA
14 action plan from 2003.

15 THE WITNESS: You know, I'm
16 going to take the binder.

17 (Pause.)

18 A. What tab am I in?

19 Q. You're in Tab 11 in the first
20 binder.

21 MR. STERN: Do we have people on
22 the phone?

23 MS. SCULLION: Sure.

24 MR. STERN: Have they been

1 identified?

2 MS. SCULLION: They e-mail in.

3 MR. BUCHANAN: We can get names
4 at the break.

5 MR. STERN: I wasn't aware of
6 that. That answers my question.

7 BY MR. BUCHANAN:

8 Q. You have it before you again,
9 sir?

10 A. I do.

11 Q. I think if you go to the second
12 page you'll see the DEA release: Drugs of
13 chemical concern. Action plan to prevent
14 the diversion and abuse of OxyContin.

15 You see that?

16 A. I see it.

17 Q. There was also a GAO report in
18 2003.

19 You know that?

20 A. I see it.

21 Q. A GAO report.

22 Are you aware of that?

23 A. I'm not aware of the report.

24 Q. Okay. If you go to Exhibit 44

1 in your other binder, if we can keep them
2 both --

3 A. Sure.

4 Q. -- reasonably handy.

5 MR. STERN: Mine only goes up to
6 40.

7 New binder. New binder, Paul.
8 No, it's not in there.

9 THE WITNESS: Okay. 44, you
10 said?

11 MR. BUCHANAN: Exhibit 44.

12 (Campanelli Exhibit 44,
13 document, was marked for
14 identification, as of this date.)

15 BY MR. BUCHANAN:

16 Q. Do you know what the GAO is,
17 first of all?

18 A. Government -- government
19 accounting -- accountability --
20 government -- I -- no, I -- general
21 accounting office. I don't know.

22 Q. Okay. You know it's a -- it's
23 an office within the government that
24 periodically conducts investigations and

1 reports to Congress and others, correct?

2 A. Correct.

3 Q. So, in December of 2003, sir,
4 they issue a report: Prescription drugs
5 OxyContin abuse and diversion and efforts
6 to address the problem.

7 Do you see that, sir?

8 A. I see it.

9 Q. Okay. And you all, Endo to be
10 clear, decide, at this point in time,
11 after a market that is built on
12 overaggressive promotion, that has
13 embedded within it diversion and abuse,
14 that this is a market you want to be in,
15 right?

16 MR. STERN: Objection to the
17 form of the question; lack of
18 foundation.

19 A. Endo is -- is -- is -- is -- is
20 marketing and promoting opioids into --
21 into this category -- into the U.S. at
22 this point in time.

23 Q. Well, no. I mean even more
24 specifically, sir.

1 I mean you wanted to start
2 selling OxyContin, generic OxyContin, at
3 this point in time in the end of 2003,
4 after allegations of fraud and
5 manipulative marketing, that's the market
6 you wanted to get into and the product you
7 wanted sell, correct?

8 MR. STERN: Objection to form
9 and foundation.

10 A. Endo was looking to get into the
11 market.

12 Q. Right. And Endo did get into
13 the market, right?

14 A. Over time.

15 Q. It got into the market and made
16 generic oxycodone -- excuse me. Generic
17 OxyContin, correct, sir?

18 MR. STERN: Objection to form
19 and foundation for 2004.

20 A. Endo produced the product.

21 Q. Let's look. Can we pull out,
22 please, the Endo sales chart that we had
23 this morning?

24 MR. BUCHANAN: Corey, maybe just

1 for the witness and all of us, we
2 could pull it up on the screen, it's
3 E1811.

4 BY MR. BUCHANAN:

5 Q. We see oxycodone ER 2005.

6 Do you see that?

7 MR. BUCHANAN: I'm sorry. Can
8 you blow it up for us, please, Corey?
9 It's kind of hard to see.

10 Maybe just cut it off at 2006.

11 There we go. Can you see it
12 all?

13 That's good. Can you scroll a
14 little more over so we can have 2004,
15 2005, 2006?

16 Great.

17 Q. So, just to reframe this, sir.
18 The DEA issues an alert on OxyContin in
19 2003 about concerns about abuse and
20 diversion, right?

21 A. I see it.

22 Q. The GAO issues a report on
23 OxyContin abuse and the concerns how it
24 was marketed and the representations that

1 were made and what doctors and patients
2 believe, right?

3 A. I don't know what's in this
4 document.

5 Q. Okay. You can see it in the
6 summary on the left.

7 A. I see the title.

8 Q. Okay. And we see little over a
9 year later, Endo's bringing generic oxy to
10 the market, right?

11 MR. STERN: Objection; form and
12 foundation. Other than what's on the
13 face of the document.

14 A. It eventually enters the market.

15 Q. Okay. The eventually is in
16 2005, Endo sells -- brings generic
17 OxyContin to the market, sir, correct?

18 MR. STERN: Objection; form and
19 foundation.

20 A. I see the units in 2005.

21 Q. And you see the units in 2006,
22 right?

23 A. Correct.

24 Q. Some 270 million pills in some

1 period within those two years, right?

2 MR. STERN: Objection; form and
3 foundation.

4 A. Show me where you're looking.

5 Q. I'm looking oxycodone ER.

6 MR. BUCHANAN: Corey, could you
7 line them up a little bit, please?

8 THE WITNESS: You're a little
9 off.

10 MR. BUCHANAN: Yeah, they're a
11 little staggered, but I think you can
12 tell where.

13 A. I see it.

14 Q. So you see for 2005 130 million
15 pills?

16 A. Yes.

17 Q. You see for 2006 148 million
18 pills?

19 A. Yes.

20 Q. Into this market built on
21 fraudulent representations, marketing
22 problems, and diversion and abuse, right?

23 MR. STERN: Objection; form and
24 foundation.

1 A. I see the report that talks
2 about abuse and diversion. And I see that
3 Endo launched the product in 2005 and had
4 sales as well into 2006 and a little bit
5 in 2007.

6 Q. Right. And you know the story a
7 little bit there, sir. That the company
8 got approval from the FDA, the AB generic,
9 to bring it to the market. Then there was
10 a litigation that followed with Purdue.

11 Is that right?

12 MR. STERN: Objection; form and
13 foundation.

14 MS. PARK: Objection.

15 A. I'm actually not familiar with
16 that.

17 Q. You know Purdue litigated with
18 Endo over this. You don't know that?

19 A. No.

20 Q. And shut it down?

21 MR. STERN: Objection.

22 BY MR. BUCHANAN:

23 Q. So they could keep the sales for
24 themselves?

1 MR. STERN: Objection; form and
2 foundation.

3 A. I didn't know the history.

4 Q. Okay. So, 270 million pills by
5 Endo generic oxy in 2005 and 2006. That's
6 what the data shows, right?

7 A. I see it.

8 Q. Okay. Please look at Exhibit 9,
9 sir.

10 (Campanelli Exhibit 9, document,
11 was marked for identification, as of
12 this date.)

13 A. Am I keeping this other binder
14 in front of me, or not?

15 Q. You might need to. I apologize
16 for that, sir. It shouldn't happen too
17 often.

18 This is an article and I guess a
19 financial report. Market Watch.

20 You see that?

21 A. Yes, I see it.

22 MR. BUCHANAN: Can you pull it
23 up, please, Corey? It's E242.

24 And you can take down the

1 numbers.

2 Q. This is from March 24 of 2004.

3 You see that?

4 A. I see it.

5 Q. That's three months after the
6 GAO issues their report about all this
7 problem with OxyContin, right?

8 MR. STERN: Objection; form and
9 foundation.

10 BY MR. BUCHANAN:

11 Q. Do I have the dates right, sir?

12 A. Correct.

13 MR. STERN: Exhibit 9?

14 MR. BUCHANAN: Exhibit 9.

15 MR. STERN: It's missing from my
16 book.

17 It's behind Tab 8. Okay.

18 BY MR. BUCHANAN:

19 Q. It says: Endo wins OxyContin
20 generics bid.

21 Right?

22 A. I see it.

23 Q. Endo wins?

24 A. I see the headline.

1 Q. It says: Endo OxyContin, which
2 was nicknamed hillbilly heroin after
3 rampant abuse was seen in certain rural
4 areas had U.S. sales of about 1.9 billion
5 in 2003.

6 Right?

7 A. I see it.

8 Q. (Reading) We are extremely
9 pleased by the FDA's approval of our
10 oxycodone extended-release product which
11 represents a substantial market
12 opportunity for Endo.

13 A. I see it.

14 Q. Do you see that?

15 (Reading) And reinforces our
16 leadership position in pain management,
17 said the CEO Carol Ammon.

18 Right?

19 A. I see it.

20 Q. Three months after the GAO
21 reports about all these problems with
22 OxyContin.

23 You agree with that, right?

24 A. The timing is understood.

1 Q. After the DEA reported about the
2 problems of abuse and diversion of
3 OxyContin, as well as your other two
4 products, Percocet and Percodan, right?

5 A. Yes.

6 Q. And after Congress held hearings
7 on the way in which OxyContin had been
8 promoted, correct?

9 MR. STERN: Objection; form and
10 foundation.

11 A. Yes.

12 Q. And we saw, sir, later in time
13 as well, that Qualitest also made generic
14 OxyContin, right?

15 A. Yes.

16 Q. And Par made generic OxyContin,
17 right?

18 A. No.

19 Q. Par sold generic OxyContin?

20 A. Yes.

21 Q. Into the market that was built
22 on those representations as described in
23 these reports, right, sir?

24 MR. STERN: Objection to the

1 form and foundation.

2 A. Could you repeat the question?

3 MR. BUCHANAN: Withdrawn.

4 Q. Opana, that's one you sold for
5 longer than a couple years, right?

6 MR. STERN: Objection; form and
7 foundation.

8 A. Opana was sold for a number of
9 years.

10 Q. Okay. Opana, real potent,
11 right?

12 MR. STERN: Objection to form
13 and foundation.

14 BY MR. BUCHANAN:

15 Q. You can answer.

16 A. It's a potent opioid.

17 Q. Three times more potent than
18 Morphine, right?

19 A. On an MME basis.

20 Q. Two times more potent than the
21 drug we were just talking about that had
22 all the concerns about addiction and
23 abuse, OxyContin, right?

24 MR. STERN: Objection to the

1 form.

2 A. On an MME basis.

3 Q. You sold a lot of it, right?

4 MR. STERN: Objection to the
5 form.

6 A. Sold based on -- on
7 prescriptions.

8 Q. You ultimately built Opana to be
9 the number 2 drug in this market segment;
10 didn't you, sir?

11 MR. STERN: Objection to the
12 form.

13 BY MR. BUCHANAN:

14 Q. You being Endo?

15 MR. STERN: Objection; form and
16 foundation.

17 A. What do you mean by number 2?

18 Q. I mean you weren't in first
19 place, you were in second.

20 MR. STERN: Objection to form
21 and foundation.

22 A. I'm not sure what you're
23 referring to.

24 Based on what?

1 Q. Okay.

2 MR. BUCHANAN: Could I have
3 Bingo 1, please? Do you have a copy
4 for counsel?

5 BY MR. BUCHANAN:

6 Q. Do you know who Demir Bingo is,
7 sir?

8 A. No.

9 Q. I'll represent to you, sir, he
10 was the head of the Opana brand.

11 MR. BUCHANAN: Could we please
12 play Bingo 1, please?

13 (Video played.)

14 "Going to the first bullet point
15 under your description of your time at
16 Endo, you say you successfully
17 launched the Opana brand in 2006
18 building it into a 600 million dollar
19 franchise and becoming the Number Two
20 product in its market segment. Safe
21 to say that your work on the Opana
22 brand was successful?

23 "It was -- yes, it was
24 successful as far as I was concerned.

1 A relatively small percentage of the
2 overall market.

3 "You did build it up to a 600
4 million dollar franchise, correct?

5 "Yes.

6 "Okay. And through the
7 marketing promotion efforts, it did
8 become Number Two product in the
9 market segment at least, correct?

10 "Correct."

11 BY MR. BUCHANAN:

12 Q. Sir, did you have that awareness
13 that, in fact, Opana, from its launch and
14 through the efforts of promotion, dollars
15 you backed behind it with sales revenues
16 and other efforts, rose it to a 600
17 million dollar brand?

18 MR. STERN: Objection; form and
19 foundation.

20 A. At what period of time?

21 Q. At any point during the
22 product's life, sir.

23 A. As I sit here today?

24 Q. Yes.

1 A. I'm aware.

2 Q. Number 2 in the market segment,
3 according to that, for the product,
4 correct?

5 A. As I sit here today, I'm aware.

6 Q. Ultimately had some problems
7 with abuse and diversion with Opana,
8 right?

9 MR. STERN: Objection to the
10 form and foundation.

11 A. That, I don't know.

12 Q. You have no knowledge of that,
13 sir?

14 A. No, I don't.

15 Q. I mean, this was a drug that was
16 on the market in its original and its
17 reformulated form at the time you were the
18 CEO, right?

19 A. CEO of Endo?

20 Q. Yes.

21 A. I was the CEO starting in
22 September of 2016.

23 Q. Yes, sir.

24 A. No, I did not know.

1 Q. Would it be surprising to you,
2 sir, that it was abused and diverted and
3 popular in the street?

4 MR. STERN: At what -- I think
5 we're having a time frame issue here.

6 BY MR. BUCHANAN:

7 Q. At any point in time.

8 A. I've learned about the -- I
9 learned about general concerns with some
10 information flow at an advisory committee.

11 Q. Okay. And that would be the
12 advisory committee in 2017?

13 A. Correct.

14 Q. Okay. Shortly thereafter, the
15 drug was withdrawn from the market at the
16 FDA request, correct?

17 A. Correct. Withdrawn voluntarily,
18 yes.

19 Q. At the FDA's request, sir?

20 A. It was voluntarily removed. The
21 FDA asked us to voluntarily remove it and
22 we complied.

23 Q. Okay. The FDA asked you to
24 withdraw it and you did so, correct?

1 A. They ask -- they requested that
2 we would voluntarily withdraw and we did
3 so.

4 Q. Okay. We'll talk about that a
5 little later.

6 But that's not the first time
7 you pulled an oxymorphone product from the
8 market for safety, right?

9 MR. STERN: Objection to the
10 form and foundation.

11 It's not a 30(b)(6).

12 BY MR. BUCHANAN:

13 Q. You, sir, Endo.

14 MR. STERN: He's not Endo. He's
15 Mr. Campanelli.

16 BY MR. BUCHANAN:

17 Q. Mr. Campanelli, as CEO of Endo,
18 a company that has been in the business
19 since the 1920s, that has marketed opioids
20 for a real long time, it's not the first
21 time the company had to pull an
22 oxymorphone product from the market?

23 MR. STERN: Objection; form and
24 foundation.

1 A. The company started in 1997, and
2 I am unaware if they pulled product in the
3 past.

4 Q. You didn't know that Endo made
5 Numorphan?

6 A. No.

7 Q. You didn't know it pulled it off
8 the market in the '70s because of abuse
9 and diversion?

10 A. No.

11 Q. Same active ingredient, sir.
12 Oxymorphone.

13 A. I'm not --

14 Q. You were not aware of that?

15 A. I'm not familiar with the
16 product.

17 Q. History repeats itself, right?

18 MR. STERN: Objection; form and
19 foundation.

20 A. I'm not sure what you mean by
21 that.

22 Q. I mean it helps to know history
23 so we know how not to let the same thing
24 happen twice, right?

1 MR. STERN: Objection to form
2 and foundation.

3 A. You're referring to 1970?

4 Q. Are you aware, sir, that the
5 company withdrew Numorphan from the market
6 in the '70s?

7 A. No.

8 MR. BUCHANAN: Could I take the
9 witness to 45?

10 Do you have it -- do they have
11 the binder with these exhibits?

12 MR. STERN: Yeah. We have 45.

13 (Campanelli Exhibit 45,
14 document, was marked for
15 identification, as of this date.)

16 BY MR. BUCHANAN:

17 Q. Tab 45. It's a chapter
18 entitled: Oxymorphone abuse among
19 narcotic addicts.

20 Do you see that, sir?

21 MR. STERN: Chapter of what,
22 Mr. Buchanan?

23 MR. BUCHANAN: I'm sure we have
24 the book for you. Or I can get you

1 the title.

2 (Pause.)

3 MR. BUCHANAN: I'm told it's on
4 page 5. Is it on your page 5, sir, at
5 the back of the book?

6 MR. STERN: The front of book.
7 Or maybe it would be the back. Looks
8 like the front of the book.

9 MR. BUCHANAN: Does that orient
10 you, sir?

11 MR. STERN: Yes, it does. Thank
12 you.

13 MR. BUCHANAN: You're welcome.

14 BY MR. BUCHANAN:

15 Q. This book from 1972 says:
16 Oxymorphone abuse among narcotic addicts.

17 We're at chapter 35. Do you see
18 that? Page 1, dot-1.

19 A. Where are you?

20 Q. I'm at dot-1.

21 A. Okay.

22 Q. (Reading) Numorphan, registered
23 trademark.

24 Do you see that?

1 A. I see it.

2 Q. (Reading) A narcotic analgesic
3 developed and first marketed by Endo Labs
4 in 1996 has become a drug of abuse among a
5 sizable segment of the narcotic addict
6 population.

7 Do you see that, sir?

8 A. I think you misspoke.

9 Q. I'm sorry, did I misread that?

10 A. Yes.

11 Q. Okay.

12 (Reading) Numorphan,
13 oxymorphone, a narcotic analgesic
14 developed and first marketed by Endo Labs
15 in 1966 has become a drug of abuse among a
16 sizable segment of the narcotic addict
17 population.

18 Do you see that, sir?

19 A. I do.

20 Q. And, did I read it correctly
21 that time?

22 A. Yes.

23 Q. Okay. If you go down to
24 background, sir, you'll see: On the

1 Street.

2 (Reading) On the street,
3 Numorphan can be identified by its various
4 subculture names.

5 It's got street names, right?

6 A. That's what it says.

7 Q. (Reading) Numorphine, Blue
8 Morphine, Blue Morphan, or Blues.

9 Right?

10 A. That's what it says.

11 Q. And that was something you were
12 worried about in launching, you being
13 Endo, were worried about in launching
14 Opana.

15 Correct, sir?

16 MR. STERN: Objection to form
17 and foundation.

18 A. I have no idea what's going on
19 here in 1966.

20 Q. No, I'm talking about in 2004,
21 '5, '6, sir when you're getting ready to
22 launch Opana.

23 You're worried about the story
24 of the Blues getting out, right?

1 MR. STERN: Objection; no
2 foundation at all.

3 BY MR. BUCHANAN:

4 Q. You're not aware of that, sir?

5 A. I am not aware of that.

6 Q. If you go to Exhibit 46, sir.

7 (Campanelli Exhibit 46,

8 document, was marked for

9 identification, as of this date.)

10 BY MR. BUCHANAN:

11 Q. This is a document produced in

12 the litigation ENDO_OPIOID_MDL_04137791

13 "Corporate Reputation Management Endo

14 Pharmaceuticals."

15 Do you see that, sir?

16 A. I see it.

17 Q. Okay. Presented by Cohn and

18 Wolfe Healthcare.

19 Moving forward we see: Endo

20 rough seas ahead.

21 Dot-7.

22 Upcoming milestones. 3218

23 launch. 3202 launch.

24 You know these are code names

1 for your --

2 MR. STERN: This is not an Endo
3 document.

4 MR. BUCHANAN: Sorry, sir. It's
5 not a proper objection.

6 MR. STERN: I object to form and
7 foundation.

8 MR. BUCHANAN: That's a proper
9 objection, and I'll consider that as
10 to whether to reframe my question.

11 BY MR. BUCHANAN:

12 Q. 3218, you had an OxyContin
13 product you were trying to bring out,
14 right?

15 MR. STERN: Objection to form
16 and foundation.

17 A. I don't know what this code
18 number references.

19 Q. Okay. And you had your Opana
20 product you were trying to bring to market
21 as well, right?

22 MR. STERN: Objection to form
23 and foundation as to 2004.

24 A. This is confusing 'cause I don't

1 know if it's talking about Endo products
2 or other people's products here.

3 Q. Okay. Let's see.

4 Move forward to dot-18 "Media
5 Strategies for 3218 Launch."

6 Do you see that?

7 Represent to you, sir, that 3218
8 was the internal working name for the
9 OxyContin product.

10 A. Which one?

11 Q. The generic OxyContin product
12 the company brought to market in 2005.

13 It says on dot-18: Media
14 strategy for 3218 launch: Three options.

15 Do you see that?

16 A. I see it.

17 Q. The next page says: Conduct top
18 tear briefings. Pros and cons.

19 Do you see that?

20 A. Yes.

21 Q. Then as you see, as you go
22 through the next several pages, the last
23 item on each of the cons: Endo Blues
24 story emerges.

1 Right?

2 Endo Blues story emerges. Endo
3 Blues story emerges.

4 Over the next three pages,
5 right?

6 A. I see the words.

7 Q. Did you know that Endo had
8 products street name Blues, oxymorphone,
9 the very active ingredient that it
10 marketed in 2006 to 2017 that had been
11 withdrawn from the market in the '70s,
12 sir?

13 MR. STERN: Objection to form
14 and foundation.

15 A. No, I'm not aware.

16 Q. Okay. Opana ER is ultimately
17 approved by the FDA.

18 MR. BUCHANAN: You can take that
19 down, please, Corey.

20 Q. Opana ER is ultimately approved
21 by the FDA, correct, sir?

22 A. Correct.

23 Q. Brought to the market. And
24 we've seen the shipping sheets.

1 You can see when you started
2 selling it into the market, right?

3 A. Yes.

4 Q. Okay. And you recognized early
5 on, sir, even before launch, that to bring
6 Opana ER into the market, you had to
7 settle prescribers on the risk of abuse
8 and diversion?

9 MR. STERN: Objection; form and
10 foundation.

11 BY MR. BUCHANAN:

12 Q. Right?

13 A. I don't know that.

14 Q. Okay. Let's go forward to --
15 sorry. Pass it over to you. I understand
16 it's not in your binders. It's
17 Exhibit 107.

18 (Campanelli Exhibit 107, e-mail,
19 was marked for identification, as of
20 this date.)

21 BY MR. BUCHANAN:

22 Q. All right. We're looking at
23 Exhibit 107, sir. It's an e-mail among
24 folks and attaching Power Point to subteam

1 members.

2 Do you see that? Endo risk
3 management strategy?

4 A. I see it.

5 Q. Okay. It runs through a number
6 of points.

7 I'll try and move quickly here.
8 Talks about the Endo 3202
9 strategy.

10 Do you see that?

11 A. Yes.

12 Q. Got to differentiate Endo 3202
13 from OxyContin, right?

14 MR. STERN: Objection to form
15 and foundation.

16 A. Again, I'm confused on the
17 numbers.

18 Q. I'll represent to you, sir, that
19 Endo 3202 is Opana ER in its premarketed
20 name, okay?

21 A. Okay.

22 Q. It says: Create market
23 environment prior to launch that insures
24 rapid uptake in adoption.

1 Do you see that?

2 A. Where are we looking?

3 Q. I'm sorry. I didn't give you a
4 page.

5 Dot-13. "EN3202 strategy."

6 A. Could you just repeat it for me?

7 Q. Yes.

8 It says "EN3202 strategy."

9 A. Okay.

10 Q. (Reading) Create market
11 environment prior to launch that insures
12 rapid uptake in adoption of EN3202.

13 Right?

14 A. I see it.

15 Q. (Reading) Remove barriers, real
16 and perceived, to prescribers.

17 Right?

18 A. Yes.

19 Q. Okay. Let's go to dot-19. It
20 says: ROI for EN3202.

21 Do you see that?

22 A. Yes.

23 Q. We looked at a lot of acronyms,
24 many of which I think you haven't been

1 able to tell us what they actually stood
2 for.

3 You know what ROI is, right?

4 A. Yes.

5 Q. What is that?

6 A. Return on investment.

7 Q. Okay.

8 (Reading) Return on investment
9 for Opana ER.

10 It says: Potential sales of
11 Opana ER depend directly on prescribers'
12 comfort level with the risk of abuse and
13 diversion.

14 Right?

15 A. I see that.

16 Q. Have to calm concerns among
17 doctors that the risk of abuse and
18 diversion for your drug, right?

19 MR. STERN: Objection to form
20 and foundation.

21 A. I'm sorry. Are you pointing to
22 this presentation?

23 Q. I'm asking you that question,
24 sir.

1 A. I'm sorry. Could you ask it
2 again?

3 Q. Sure.

4 To have the ROI you wanted,
5 you've got to calm doctors' concerns about
6 the risk of abuse and diversion with your
7 drug, right?

8 MR. STERN: Objection to form
9 and foundation.

10 A. Again, I don't know that. I see
11 the words here on paper.

12 Q. Okay. Well, let's talk about
13 really how the company shaped its messages
14 to do just that, okay.

15 MR. BUCHANAN: You can take that
16 down, Corey.

17 BY MR. BUCHANAN:

18 Q. Before we do so, let's go to
19 Exhibit 47. Should be in your binder,
20 sir.

21 (Campanelli Exhibit 47, e-mail,
22 was marked for identification, as of
23 this date.)
24

1 BY MR. BUCHANAN:

2 Q. It's an e-mail from a Larry
3 Romaine to a group late 2007. "Opana
4 brand IQ team" is the attachment.

5 You see the attachment it says:
6 Endo sales force report Opana brand IQ
7 successful rep research 12/17/07.

8 A. Yes.

9 Q. Are the attachments.

10 A. I see it.

11 Q. If you go to the next page, you
12 see "Opana brand IQ team. Accelerating
13 our growth," is what it says off to the
14 right?

15 A. I see it.

16 Q. Okay. Top in the executive
17 summary of decisions or strategic
18 considerations says: Pharma reps perceive
19 their challenges in a more negative light
20 and feel that marketing the CII to PCPs in
21 the current market setting is very
22 difficult. PCPs are afraid of the
23 consequences of writing long-acting
24 opioids.

1 Do you see that?

2 A. Yes.

3 Q. Docs are afraid, right?

4 MR. STERN: Objection; form and
5 foundation.

6 A. That's what the words say.

7 Q. It's talking about docs, we're
8 talking about primary care physicians when
9 we see PCPs, right?

10 A. Correct.

11 Q. And at the bottom it talks about
12 required resources.

13 Do you see that?

14 A. I see it.

15 Q. Okay. So, one, it talks about
16 access tools to extend the sales call.

17 Two, it says: Help reduce CII
18 prescribing concerns for PCP targets.

19 Right?

20 A. I see it.

21 Q. Okay. So, the required
22 resources to help reduce CII.

23 That's CSII, that's a controlled
24 substance category?

1 A. Correct.

2 Q. CII concerns, that would be
3 concerns about drugs like OxyContin,
4 concerns about drugs like Opana, right?
5 Those are both CII drugs?

6 MR. STERN: Objection to the
7 form of the question.

8 A. Hydromorphone and oxymorphone
9 are Schedule II products.

10 Q. And oxycodone is Schedule II,
11 right?

12 A. Oxycodone is a CII product.

13 Q. Right. So Percocet, OxyContin,
14 Opana, all Schedule II, right?

15 A. Correct.

16 Q. So we say: Help reduce
17 prescribing concerns for PCP targets about
18 drugs like those.

19 Right?

20 A. That's what it says.

21 Q. All right. And then it goes
22 through and it outlines what's been
23 effective in dealing with that, right?

24 A. Please refer me to a page.

1 Q. Sure. Let's go to -- I can't
2 read that number. I think it's dot-33.

3 MR. STERN: I'm sorry. Which
4 exhibit?

5 MR. BUCHANAN: It's the same
6 exhibit we're in.

7 BY MR. BUCHANAN:

8 Q. Dot-33. Should be a little
9 orange 27 in the right corner there 'cause
10 the number's a little concealed.

11 It says: Promotional sales
12 tools.

13 A. Show me where you're looking.
14 Okay.

15 Q. You see that?
16 And it talks about what the reps
17 are doing to combat these concerns that
18 they're getting from prescribers, right?

19 MR. STERN: Objection; form and
20 foundation.

21 A. I'm not -- you have to point me
22 to where it says that.

23 Q. You see dot-27?

24 A. I see it.

1 Q. You see 27 in the corner?

2 A. I see it.

3 Q. It says: Reps were using the
4 TIMERx-N delivery system to differentiate
5 Opana ER from the competition by its
6 delivery system.

7 Right?

8 A. I see it.

9 Q. At this point in time, sir, in
10 terms of extended-release, OxyContin was
11 competition?

12 A. I don't know the answer to that.

13 Q. Okay.

14 (Reading) It is also a good
15 discussion point if the physician is
16 afraid of abuse.

17 Right?

18 MR. STERN: Objection; form and
19 foundation.

20 A. I see the words.

21 Q. Right. Well, the TIMERx
22 delivery system, sir, was never permitted
23 to be characterized as some way of
24 reducing the risk of abuse; was it, sir?

1 MR. STERN: Objection; form and
2 foundation. It's not an Endo
3 document.

4 MR. BUCHANAN: We disagree.

5 BY MR. BUCHANAN:

6 Q. Please answer the question
7 though, sir.

8 A. It's certainly not part of the
9 labeled indication.

10 Q. You certainly wouldn't
11 endorse -- you would not endorse reps
12 saying things like that; would you, sir?

13 A. Saying what?

14 Q. Trying to deal with physicians'
15 concerns about abuse by talking about the
16 TIMERx-N delivery system to distinguish it
17 from OxyContin, right?

18 A. Again, I don't know if -- if
19 this is an Endo document, if there's going
20 to be training and education behind a
21 statement of this nature or why it would
22 be -- if it was to be said or not to be
23 said.

24 Q. Well, we know the message was

1 heard, right?

2 MR. STERN: Objection; form and
3 foundation.

4 BY MR. BUCHANAN:

5 Q. Well, let me ask you, sir.

6 Do you have knowledge about,
7 from your time when you joined Endo, about
8 the way in which Endo evaluates what
9 physicians are hearing from their sales
10 reps?

11 A. No.

12 Q. In fact, the company conducts
13 surveys to find out what messages are
14 being retained by doctors concerning the
15 products, right?

16 A. I don't know what Endo did prior
17 to my employment as CEO.

18 Q. Okay. All right. Let's look at
19 Exhibit 49, sir.

20 (Campanelli Exhibit 49, e-mail,
21 was marked for identification, as of
22 this date.)

23 BY MR. BUCHANAN:

24 Q. That's an e-mail attaching

1 what's called an "Opana ATU Wave 3 Final
2 Report and Brand IQ Summary."

3 Do you see that?

4 A. I see it.

5 Q. There's a report attached.

6 Let's go to the second page. Again "Opana
7 Brand IQ Team. Accelerating Our Growth."

8 Do you see that?

9 A. I see it.

10 Q. Okay. And let's go to the
11 dot-7.

12 Here's the Wave 3 final report,
13 right?

14 A. Okay.

15 Q. And just to orient you, sir, we
16 get into the document at dot-18 it says:
17 Opana is perceived well.

18 Then it talks about various
19 characteristics.

20 Do you see that?

21 A. I see it.

22 Q. And it talks about in the first
23 bullet: Continues to be perceived as an
24 effective opioid in terms of potency and

1 duration of action. However, its unique
2 strengths are.

3 And, what's the first unique
4 strength?

5 A. Low abuse potential.

6 Q. You know that was never a claim
7 the company was permitted to promote,
8 right?

9 A. I know it's not in the labeled
10 indication.

11 Q. It certainly wouldn't be right
12 to be giving that impression to doctors by
13 talking about the TIMERx system or some
14 unique delivery system that you had a low
15 abuse potential, right?

16 MR. STERN: Objection; calls for
17 legal conclusion.

18 A. Again, I don't know if this was
19 ever used with the sales reps.

20 Q. Well, this was certainly the
21 report of what's being perceived about
22 your drug in this period of time, right?

23 MR. STERN: Objection; form and
24 foundation.

1 BY MR. BUCHANAN:

2 Q. Endo's drug?

3 A. Again, I don't know who this is
4 going to, what it's being used for. I
5 don't know if it's a sales rep document,
6 if it's an internal -- I have no idea
7 who's using this document.

8 Q. Well, certainly, sir, you don't
9 dispute that Endo had knowledge at this
10 point in time, as reflected in this
11 document, about doctors' perceptions that
12 it had a low abuse potential, right?

13 MR. STERN: Objection; form and
14 foundation.

15 A. It's coming for -- it appears to
16 be research data.

17 Q. With Endo's logo on it in a
18 report to a bunch of Endo folks, right?

19 A. That's correct.

20 Q. Okay.

21 It's just not true?

22 MR. STERN: Objection; form and
23 foundation.

24

1 BY MR. BUCHANAN:

2 Q. That Endo has a low abuse
3 potential?

4 MR. STERN: Objection; form and
5 foundation.

6 A. I -- as I stated, I don't know
7 what the purpose of this document, who
8 used it, what was it based upon. I --
9 I -- I see the words on the paper, but I
10 don't know where this went or who used it.

11 Q. Let's go to the next page, sir.

12 Opana's unique strengths in
13 having multiple formulations and low abuse
14 potential are key differentiating factors.

15 Do you see that?

16 A. Yes.

17 Q. Okay. It's being characterized
18 as a unique strength to have a low abuse
19 potential, but it's not even true?

20 MR. STERN: Objection; form and
21 foundation.

22 BY MR. BUCHANAN:

23 Q. That's a false statement, sir.

24 MR. STERN: Objection.

1 BY MR. BUCHANAN:

2 Q. Isn't it?

3 MR. STERN: Objection; form and
4 foundation.

5 A. Again, I see the words on the
6 paper. I don't know what the intentions
7 or the purpose of this statement is being
8 used here for.

9 Q. The company could not properly
10 even try to differentiate itself from
11 another product using low abuse potential.
12 There was no data for that; was there,
13 sir?

14 MR. STERN: Objection; form and
15 foundation; calls for a legal
16 conclusion.

17 A. I don't know the answer to that.

18 Q. Let's look at the last bullet:
19 Physicians say the primary factor that
20 leads them to anticipate an increase in
21 use of Opana ER over the next 6 months, is
22 what?

23 A. Low abuse.

24 Q. All these doctors, the doctors

1 who are prescribing your drug, have
2 somehow come with the impression that your
3 drug has a unique strength of low abuse
4 potential.

5 You see that in this report,
6 sir, right?

7 A. I see the words. I don't know
8 if this is something that has been
9 communicated to doctors. This is clearly
10 not what reps would have been trained on.

11 Q. Well, certainly, sir, when the
12 company got this information, what it
13 needed to do was get out there and say
14 "No, you're all wrong. We do not have a
15 low abuse potential. Our drug is abused
16 like other drugs. We have a high abuse
17 potential."

18 That's what you'd want your
19 company to do, right?

20 MR. STERN: Objection to form.

21 BY MR. BUCHANAN:

22 Q. Correct this immediately?

23 MR. STERN: Objection to form
24 and foundation and calls for a legal

1 conclusion.

2 A. I don't know if they did or did
3 not do that.

4 Q. It would certainly be concerning
5 if they didn't, we'd agree?

6 MR. STERN: Objection; form and
7 foundation.

8 A. Again, I know what the product
9 was labeled and indicated for under the
10 clinical trial that was approved by the
11 FDA.

12 Q. Well, let's look what marketing
13 recommends, okay. Let's look how
14 marketing responds to this information.
15 Let's go to dot-22. "Marketing
16 Implications and Recommendations."

17 Marketing is recommending, sir,
18 continue promoting lower abuse potential,
19 right?

20 MR. STERN: Objection; form and
21 foundation.

22 BY MR. BUCHANAN:

23 Q. Do you see that at the bottom of
24 the page, sir?

1 A. I see -- I see the words on the
2 paper.

3 Q. Right.

4 Continue promoting something
5 that is false.

6 MR. STERN: Objection to form
7 and foundation and mischaracterizes
8 the document.

9 MR. BUCHANAN: It does not in
10 any way.

11 A. Again, my understanding is this
12 would go through a review committee
13 meeting in order to get proper language
14 out to -- to the sales reps in training.

15 I don't know where this went.
16 Marketing is one component of -- of
17 individuals that would have to agree on --
18 on statements.

19 Q. You saw the CDC report in 2011,
20 right? Deaths, massive numbers and growth
21 in ten years' time. And you guys are
22 saying continue promoting low abuse
23 potential?

24 MR. STERN: Objection.

1 BY MR. BUCHANAN:

2 Q. You guys being Endo, sir. The
3 company you're the chief executive officer
4 of.

5 MR. STERN: Objection; form and
6 foundation.

7 He was not the chief executive
8 officer at the time of this document.

9 BY MR. BUCHANAN:

10 Q. I'm sorry, sir.

11 Does that forgive it?

12 MR. STERN: Objection.

13 A. Okay. So, clearly it -- you
14 know, a lot of people -- everybody feels
15 bad about the abuse and deaths associated
16 with opioids.

17 You're pointing to me to a
18 statement made by marketing which I don't
19 have the ability to know where or how this
20 was used, if it was even used and if it
21 was mark approved or not. So I don't know
22 how to respond to a bullet with some words
23 on it if it ever even got to the sales
24 reps.

1 Q. Okay. Well, let's -- let's read
2 a little more closely then, sir.

3 A. Okay.

4 Q. "Continue promoting."

5 Do you see the first two words?

6 A. I see "continue promoting."

7 Q. (Reading) Continue promoting
8 Opana's strengths.

9 And, what is the particular
10 point that should be continually promoted?

11 A. In potency, dosing.

12 Q. Low abuse potential?

13 A. Again, as I stated, I don't know
14 if this was a mark reviewed and approved
15 document, or is it just coming from
16 marketing. What it says here is marketing
17 implications and recommendations. I don't
18 know if other people weighed in on this
19 statement.

20 Q. Okay. It says in the middle,
21 sir, in the bullet --

22 MR. BUCHANAN: I'll move to
23 strike the non-responsive portion of
24 your answer, sir.

1 Q. It says in the middle that: In
2 order to help overcome these obstacles,
3 it's crucial to encourage uptake by
4 maintaining detailing frequency across all
5 physician specialties.

6 Do you see that?

7 A. I see the words.

8 Q. Okay. Let's break this down a
9 little bit.

10 Detailing. That's boots on the
11 ground sales reps in doctors' offices,
12 right?

13 A. Correct.

14 Q. Okay. So we've got to maintain
15 the frequency that sales reps are in
16 doctors' offices talking to them, right?
17 That's one component of this?

18 A. That's a component of the
19 recommendation.

20 Q. To overcome obstacles, right?

21 A. That's a recommendation of the
22 marketing team.

23 Q. And continue promoting. Let's
24 stop there.

1 If you are continuing something,
2 you have already been doing it, right,
3 sir?

4 MR. STERN: Objection to form
5 and foundation.

6 A. Again, I see the words on -- on
7 the slide here. I don't know if every one
8 of these things is being done or not.

9 Q. Okay. Continue promoting and it
10 identifies some things. And then in
11 parens it says: Particularly, low abuse
12 potential, each of which resonates well
13 with physicians.

14 Did I read that correctly, sir?

15 A. Yes, you did.

16 MR. BUCHANAN: I suggest we take
17 a short break.

18 MR. STERN: Sure.

19 THE VIDEOGRAPHER: Okay. The
20 time is 3:59 p.m.

21 Off the record.

22 (Recess taken.)

23 THE VIDEOGRAPHER: We are back
24 on the record.

1 The time is 4:14 p.m.

2 BY MR. BUCHANAN:

3 Q. Okay. Sir, we were just looking
4 at this late 2007 Opana ATU W3 review.

5 MR. STERN: I'm sorry,
6 Mr. Buchanan. I really apologize. I
7 left my pad downstairs. I'll be right
8 back.

9 MR. BUCHANAN: No worries.

10 THE VIDEOGRAPHER: The time is
11 4:15 p.m.

12 Off the record.

13 (Recess taken.)

14 THE VIDEOGRAPHER: We are back
15 on the record.

16 The time is 4:18 p.m.

17 BY MR. BUCHANAN:

18 Q. Sir, we were just looking at the
19 late 2007 Opana AT W3 review. I'd like to
20 move us forward now into 2008.

21 Again, a marketing analysis of
22 what docs are retaining and the messaging
23 to doctors.

24 If you'll scroll forward in your

1 binder to Exhibit 50.

2 (Campanelli Exhibit 50,
3 document, was marked for
4 identification, as of this date.)

5 BY MR. BUCHANAN:

6 Q. It says "Opana ATU W6 Final
7 Report December 2018."

8 Do you see that, sir?

9 A. I do.

10 Q. Okay. Going forward to dot-12,
11 sir. "Key insights."

12 "On the most important
13 characteristics."

14 Do you see that paragraph, sir,
15 first one?

16 A. I do.

17 Q. On the most important
18 characteristics, it talks first about how
19 physicians rate Opana ER significantly
20 lower than all other ER opioids on
21 insurance formulary.

22 Do you see that first part?

23 A. Yes.

24 Q. But they rate Opana ER

1 significantly higher than all others on
2 "Does not have a representation for street
3 abuse."

4 Do you see that?

5 A. I see it.

6 Q. Okay.

7 (Reading) Therefore, Opana ER's
8 position in doctors' minds around the lack
9 of street value leading to a perception of
10 lower potential for street use.

11 Do you see that?

12 A. I see that.

13 Q. And then: MDs when prescribing
14 increases for Opana ER over the next six
15 months continue to mention low abuse
16 potential.

17 Right?

18 A. I see it.

19 Q. (Reading) This aligns with
20 findings in previous waves of the ATU as
21 well as other studies conducted with Opana
22 ER physicians.

23 Did I read that correctly?

24 A. Yes, I see the words.

1 Q. Okay. Let's go, please, to
2 dot-17.

3 Its heading is "Opana ER remains
4 at par with other ER Schedule II opioids
5 on potency."

6 Do you see that?

7 A. I do.

8 Q. It has an opportunity to build
9 on one of its most important strengths,
10 low abuse potential.

11 Do you see that, sir?

12 A. I see it.

13 Q. Okay.

14 (Reading) Interestingly - second
15 to last bullet - physicians who anticipate
16 an increase in prescribing Opana ER in the
17 next six months say that their estimates
18 are primarily driven by low abuse
19 potential.

20 Right?

21 A. And efficacy, yes.

22 Q. And efficacy factors, thank you.

23 All right. So, this is the end
24 of 2008, right?

1 A. Yes.

2 Q. We go to dot-56 in the document.

3 It says: Advantages of Opana ER - in the
4 left-hand side - mentioned by five or more
5 physicians.

6 Do you see that?

7 A. I see it.

8 Q. Number 1 item there under
9 "Safety and Tolerability": Fewer side
10 effects.

11 What is that? Low abuse
12 potential?

13 A. I see low abuse potential.

14 Q. All right. So that's a year
15 after the last one we looked at.

16 Let's go forward to 2010, sir.

17 We are at Exhibit 51 in your
18 binder.

19 (Campanelli Exhibit 51,
20 document, was marked for
21 identification, as of this date.)

22 BY MR. BUCHANAN:

23 Q. (Reading) Opana ER customer
24 satisfaction sales force effectiveness,

1 awareness and usage. Research program
2 Wave 2.

3 Do you see that?

4 A. I do.

5 Q. Okay. If we go to it's dot-79.
6 It's kind of hard to see in the red.

7 Top right corner is presenting
8 physician survey information concerning
9 your product Opana ER, correct?

10 A. I see the words.

11 MR. STERN: Objection; form and
12 foundation.

13 BY MR. BUCHANAN:

14 Q. (Reading) Attributes related to
15 increase in prescribing of Opana ER Wave 2.

16 You see that?

17 A. I see the words, yes.

18 Q. (Reading) Top mentions mentioned
19 by five or more physicians.

20 First item is what, sir?

21 A. Low potential for
22 abuse/diversion 37 percent.

23 Q. Low potential for
24 abuse/diversion. 37 percent of physicians

1 mentioned that as related to increase in
2 prescribing of Opana ER.

3 Right?

4 A. That's what it says.

5 Q. Okay. And we know that is not
6 true, right, sir?

7 MR. STERN: Objection; form and
8 foundation.

9 A. Again, I don't know what the
10 purpose of this is being used for.

11 Q. The company had boots on the
12 ground for years detailing doctors about
13 Opana ER, correct, sir?

14 MR. STERN: Objection; form and
15 foundation.

16 A. Endo detailed Opana ER.

17 Q. It had every opportunity to
18 share the truth about its product with
19 physicians if it wanted to.

20 Fair?

21 MR. STERN: Objection to form
22 and foundation.

23 A. I'd have to look through the
24 training documents to see what was trained

1 on or what ultimately was the approved
2 mark program.

3 Q. And if there was indeed no -- if
4 there was not a low potential for abuse or
5 diversion, sales reps had the ability to
6 tell doctors just that.

7 MR. STERN: Objection; form and
8 foundation.

9 BY MR. BUCHANAN:

10 Q. Right?

11 A. Again, I'd have to go to the
12 mark -- approved mark documents to see
13 what was given in front of the sales reps
14 to speak to doctors about.

15 MR. BUCHANAN: Can we pull up
16 Romaine 2 for the witness, and a copy
17 for counsel, please? It's an excerpt
18 of testimony of Larry Romaine.

19 Q. Do you know who Larry Romaine
20 is, sir?

21 A. No.

22 Q. VP of sales, oversaw Opana ER.
23 He wasn't there at any point
24 when you were there, sir?

1 A. No.

2 Q. Okay.

3 MR. BUCHANAN: Could you pull up
4 Romaine clip 2?

5 (Video played.)

6 "The ATU studies, these were
7 studies to go out to the providers to
8 see what messages they were retaining
9 with respect to Opana, correct?

10 "It was market research with
11 physicians, yes.

12 "But they were looking to see
13 what messages were retained by those
14 physicians?

15 "Yes.

16 "Okay. And also to see what the
17 physicians' perceptions were of Opana
18 ER, correct?

19 "Correct.

20 "And if we look again at page
21 E974.13, this report is indicating as
22 of June 2007 that low abuse potential
23 and safety and tolerability were
24 regarded as the main advantage of

1 Opana ER, according to this study,
2 correct?

3 "According to this study that
4 I'm looking at now.

5 "Yeah. And this is a study that
6 Endo would have reviewed when received
7 in June 2007?

8 "Yes.

9 "Okay. So they would have seen
10 it. That was what the study was
11 finding was that the perception was
12 that Opana ER had low abuse potential,
13 and that was an advantage with respect
14 to other long-acting opioids, correct?

15 "That's what this data reflects.
16 But to put this in context, that's
17 what physicians were feeding back. So
18 where they heard that could be
19 anywhere. It could be talking to
20 other colleagues. I -- I don't know
21 how to interpret this.

22 "Do you know if anyone went to
23 go find out to see if, Gee, is it
24 possible that physicians are getting

1 an impression of Opana ER as having
2 low abuse potential compared to other
3 long-acting opioids based on messages
4 that the sales reps are delivering?
5 Did anyone ever check that?

6 "I don't recall that."

7 BY MR. BUCHANAN:

8 Q. Are you aware, at any point in
9 time, sir, where the company ever went out
10 to correct physicians' impression of low
11 abuse potential of Opana ER, sir?

12 MR. STERN: Objection; form and
13 foundation.

14 A. Again, I was not at the company
15 at this point in time, so I don't know --
16 I don't know what the company did.

17 Q. Okay. Let me -- sir, by 2009,
18 you were well-aware -- you, I'm sorry,
19 Endo, was well-aware that Opana had a
20 second degree issue with abuse.

21 Isn't that true?

22 MR. STERN: Objection to form
23 and foundation.

24 A. I don't know the answer to that

1 question back in 2009.

2 Q. All right. Well, we looked at
3 ATU reports from 2007, 2008 and 2010, sir,
4 and you saw that doctors had that message
5 being retained, right?

6 A. That's what the document
7 reflects.

8 Q. In fact, Opana had a high
9 potential for abuse, right?

10 MR. STERN: Objection to form
11 and foundation.

12 A. I don't know that.

13 Q. Okay. Let's look at Exhibit 52
14 then, sir.

15 (Campanelli Exhibit 52, e-mail,
16 was marked for identification, as of
17 this date.)

18 BY MR. BUCHANAN:

19 Q. Before you, sir, is Exhibit 52,
20 an e-mail from one Endo person to another
21 Endo person "FYI only."

22 Right? Do you see that?

23 A. I see it.

24 Q. OSAM-O-Gram Opana January 2009.

1 Do you see that, sir?

2 A. I do.

3 Q. And this is from a special --
4 somebody Angela Thomas out of Endo
5 Pharmaceuticals in Dayton, Ohio, right?

6 A. I see that.

7 Q. Okay. She states: Please don't
8 forward this on.

9 Right?

10 A. I see it.

11 Q. Okay.

12 (Reading) I just wanted you to
13 be aware of this report that is being sent
14 out to some doctors?

15 Do you see that?

16 A. I do.

17 Q. Okay. And this OSAM-O-GRAM in
18 Ohio from the Department of Alcohol and
19 Drug Addiction Services reports that your,
20 Endo's, drug Opana has a high potential
21 for abuse, right?

22 A. Where does it say that, sir?

23 Q. The title here: Reports of
24 Opana abuse emerging in several OSAM

1 network areas.

2 Do you see that, sir, as the
3 title?

4 A. I see the abuse emerging in
5 several OSAM network areas, yes.

6 Q. (Reading) What is Opana?
7 Bottom left corner.

8 A. I see it.

9 Q. Okay.

10 (Reading) Opana's psychoactive
11 ingredient is oxymorphone, a Schedule II
12 semisynthetic pharmaceutical opioid that
13 has high potential for abuse.

14 Do you see that, sir?

15 A. I see the words, yes.

16 Q. Do you see the contrast between
17 that sentence and the message that the
18 company was continuing to promote about
19 low potential for abuse?

20 MR. STERN: Objection; form and
21 foundation.

22 A. Again, I see -- I see the words
23 coming out of Wright State University, and
24 I do see the difference between what was

1 on the previous presentation.

2 Q. Right. Because what's coming
3 out here in January of 2009 is high
4 potential for abuse, right?

5 A. I'd have to study the document.
6 It's -- it says abuse emerging.

7 Q. But we see "Opana's psychoactive
8 ingredient is oxymorphone, a Schedule II
9 semisynthetic pharmaceutical opioid that
10 has high potential for abuse."

11 Do you see that, sir?

12 A. I see the words.

13 Q. Okay. And then it goes on and
14 talks about elicit user perspectives on
15 Opana, off to the right.

16 Do you see that?

17 A. That's the heading.

18 Q. Okay.

19 (Reading) Users in Athens and
20 Cincinnati indicated that Opana high, that
21 the Opana high was comparable to and even
22 better than that of OxyContin.

23 Do you see that?

24 A. I see that. I don't know what

1 this is based upon.

2 Q. Reports of users in Athens,
3 Cincinnati. That's what it's based on.

4 A. I don't know how this
5 information is being gathered.

6 Q. Okay.

7 (Reading) A white female user
8 from her 20s in Athens reported that her
9 best friend had obtained a tablet
10 illegally and inhaled it intranasally.
11 She commented, And I guess you can get
12 really blown out of it for less than a
13 tablet of OxyContin.

14 Do you see that?

15 A. I do.

16 Q. (Reading) Another white female
17 in her mid-20s added, Right. I guess
18 that's like an Oxy times ten.

19 Right?

20 A. I see the words.

21 Q. Okay. In fact, you do know,
22 sir, maybe not times ten, but you do know
23 that oxymorphone, the active ingredient in
24 Opana, is more potent than the active

1 ingredient in OxyContin, right?

2 A. I'm aware.

3 Q. Twice as potent, right?

4 MR. STERN: Objection; form and
5 foundation.

6 A. I know it's more potent.

7 Q. It continues: The oxymorphone
8 is the best, even better than oxycodone.
9 I can do a whole Oxy 80 and nothing
10 happens, but if I take one of them pills,
11 Opana ER, I get a buzz. That's how I get
12 energy and to do things around the house.

13 Do you see that, sir?

14 A. I see the words.

15 Q. And it reports about abuse and
16 user perceptions regarding the superiority
17 of Opana versus that other drug that had
18 all the problems we talked about earlier,
19 OxyContin, right?

20 MR. STERN: Objection to form.

21 A. I'm sorry. Could you ask
22 that -- could you just ask that again?

23 Q. Yeah.

24 It's talking about the problems

1 with your drug, your Endo's drug, Opana,
2 relative to that other drug, OxyContin,
3 that we spent some time talking about
4 earlier today, correct?

5 A. It says "In comparison to other
6 pharmaceutical opioids." I'm not sure
7 what it means.

8 Q. Okay.

9 (Reading) Overall, the emerging
10 phenomenon of oxymorphone tablet abuse is
11 consistent with the continuing trend of
12 high levels of pharmaceutical opioid abuse
13 in Ohio and across the nation.

14 Correct?

15 A. That's what the words say, yes.

16 Q. And that's certainly not the
17 only report the company got about
18 oxymorphone abuse, right?

19 MR. STERN: Objection to form
20 and foundation.

21 A. You've shown me others today.

22 Q. And that's a bulletin we just
23 looked at in 2009 for Ohio, right?

24 A. It's -- it's coming from this

1 OSAM-O-GRAM from Wright State University.

2 Q. Let's go forward in your binder,
3 sir, to 54.

4 (Campanelli Exhibit 54,
5 document, was marked for
6 identification, as of this date.)

7 A. 54?

8 Q. DEA released --

9 A. I'm sorry, 54?

10 Q. 54, yes, sir.
11 2011 Opana abuse.

12 A. Where do you have me looking,
13 sir?

14 Q. Exhibit 54.

15 A. Okay. Which?

16 Q. I'm sorry. The title says
17 "Opana (oxymorphone) abuse.)

18 Do you see that?

19 A. I do see it.

20 Q. Okay.

21 (Reading) It's been reported by
22 several sources of information as the big
23 thing right now.

24 Right?

1 A. I see the words.

2 Q. Okay.

3 (Reading) Details. Oxymorphone.

4 Opana, Numorphan, Numorphone - gives the
5 longer chemical name - is a powerful
6 semisynthetic opioid analgesic.

7 Right?

8 A. I see it.

9 Q. (Reading) In the early 1970s,
10 oxymorphone in the form of Numorphan
11 instant release tablets was one of the
12 most-sought after and well-regarded
13 opioids of the class of IV drug-using
14 community.

15 Correct?

16 A. I see it.

17 Q. (Reading) Popularly known as
18 Blues for their blue coloring, the tablets
19 contained very few insoluble ingredients,
20 making them extremely easy to inject and
21 they were dangerously potent when used
22 intravenously.

23 Right?

24 A. I see the words.

1 Q. Does this help inform you, sir,
2 as to the history behind Opana's active
3 ingredient oxymorphone?

4 A. According to the words on the
5 paper here, I see.

6 Q. Certainly you would have
7 expected your company, Endo, to be aware
8 of releases by the DEA about the products
9 it was selling, right?

10 A. And maybe they were. I'm -- I'm
11 uncertain.

12 Q. Okay.

13 (Reading) Blues were also
14 considered to be especially euphoric.

15 Do you see that?

16 A. I do.

17 Q. (Reading) Better than heroin or
18 Morphine.

19 MR. STERN: Objection; form and
20 foundation.

21 A. I see it.

22 Q. Okay. It's got a whole
23 paragraph of slang terms for these things:
24 blues, biscuits, blue heaven, new blues,

1 octagons, stop signs, pink, pink heaven,
2 business circuits, pink lady, Mrs. O, OM,
3 pink O, the O bomb.

4 Do you see that?

5 A. I do.

6 Q. Does that suggest to you, sir,
7 that your drug was being widely abused and
8 diverted in this country?

9 MR. STERN: Objection to form
10 and foundation.

11 A. I don't know the answer to that.

12 Q. No shortage of street names for
13 your oxymorphone product, right, sir?

14 MR. STERN: Objection to form
15 and foundation.

16 A. There's several.

17 Q. Oxymorphone -- I'm sorry, sir.
18 There's a heading called "Abuse" on the
19 next page. Got some pictures there too.

20 You see that?

21 A. I see it.

22 Q. Beneath that: Oxymorphone has
23 short-lived euphoric effects. This is one
24 of the crucial elements of a drug that

1 generates a serious narcotic habit rather
2 quickly.

3 Did I read that correctly?

4 A. Yes.

5 Q. Oxymorphone has a short-lived,
6 or has short-lived euphoric effects, and
7 the DEA is commenting this is one of the
8 crucial elements of a drug that generates
9 a serious narcotic habit, right?

10 A. I see it.

11 Q. Rather quickly?

12 A. That's what it says.

13 Q. (Reading) Users will require
14 more doses to maintain a stable level of
15 euphoria.

16 Right?

17 A. That's what the words say.

18 Q. Not good.

19 MR. STERN: Objection; form and
20 foundation.

21 BY MR. BUCHANAN:

22 Q. Right?

23 A. It's not a positive statement.

24 Q. Certainly it would not be

1 appropriate to be endorsing and promoting
2 a low abuse potential about a drug about
3 which can generate a serious narcotic
4 habit rather quickly.

5 MR. STERN: Objection; form and
6 foundation.

7 BY MR. BUCHANAN:

8 Q. Agreed?

9 A. Again, I don't know if Endo did
10 or did not do this.

11 Q. Will you agree, sir, you are not
12 aware of any scientific data for Opana ER
13 or Opana ER formulated that had a low
14 abuse potential, right?

15 MR. STERN: Objection; form and
16 foundation.

17 A. I'm unaware.

18 Q. Okay.

19 MR. BUCHANAN: Could we play
20 that clip from Mr. Romaine?

21 BY MR. BUCHANAN:

22 Q. Mr. Romaine, again, is the vice
23 president of sales at this point in time,
24 or during the time the product was being

1 marked.

2 A. Can you remind me the time
3 frame?

4 Q. Yeah. This is -- the deposition
5 was recently.

6 MR. STERN: What's the time
7 frame?

8 A. Of his marketing.

9 Q. In the pre-2010 window is when
10 it was in the context of those ATU reports
11 we were looking at, sir.

12 MR. BUCHANAN: Could you roll
13 the clip?

14 (Video played.)

15 "Endo knew that Opana ER did not
16 have a lower abuse potential than
17 other opioids, correct?

18 "Objection; foundation.

19 "That's in the package insert.

20 "Right. There's not a lower
21 abuse potential for Opana ER, correct?

22 "Correct.

23 "And there is not a low abuse
24 potential for Opana ER, correct?

1 "Correct."

2 BY MR. BUCHANAN:

3 Q. Sir, sitting here today, you're
4 not aware of any data that states
5 otherwise; are you?

6 A. I'm not aware of any.

7 Q. Okay. Let's go forward to
8 Exhibit 53.

9 (Campanelli Exhibit 53, e-mail,
10 was marked for identification, as of
11 this date.)

12 BY MR. BUCHANAN:

13 Q. Moving forward in time, sir,
14 this is 2011. It's an e-mail thread, and
15 we'll start bottom up, if we could.

16 It's an e-mail from Mr. Tormo.
17 We've seen some correspondence from him
18 earlier already today, e-mails and
19 whatnot. Mr. Tormo is communicating with
20 others June 27th, 2011.

21 A. I'm sorry. We're in Tab 53?

22 Q. It should be tab 53. If you go
23 to the second page.

24 A. I'm sorry.

1 Q. Dot-2. 564.2.

2 A. Okay.

3 I can't really see this print on
4 the screen, but go ahead.

5 Q. Okay.

6 MR. STERN: Just look at the
7 document.

8 BY MR. BUCHANAN:

9 Q. If you can read the document, if
10 that works for you, sir.

11 Mr. Tormo writes: FYI. One of
12 our therapeutic experts attending the
13 ASIPP, American Society of Interventional
14 Pain Physicians, meeting this past
15 weekend, informed Catherine Jackson,
16 clinical affairs manager pain southeast,
17 that a speaker from the DEA made the
18 same -- made some comments relating to
19 Opana misuse and diversion saying it was
20 the next OxyContin epidemic.

21 Do you see that, sir?

22 A. I see it.

23 Q. Did I read that correctly?

24 A. You did.

1 Q. Okay. You certainly expect the
2 company to be heeding those concerns and
3 insuring that physicians were not getting
4 the impression that the drug had a low
5 abuse potential, correct?

6 MR. STERN: Objection; form and
7 foundation; calls for legal
8 conclusion.

9 A. Again, I'm not sure what the
10 company did or did not do regarding this
11 statement.

12 Q. All right. You can set that
13 aside, sir.

14 I want to spend a few minutes on
15 Qualitest, if we could.

16 It's been a while since we
17 talked about Qualitest today, sir. We
18 talked about them this morning.

19 That was that business that
20 really their business was opioids, or at
21 least a very significant percentage of
22 their business, right?

23 MR. STERN: Objection;
24 foundation.

1 Time frame?

2 BY MR. BUCHANAN:

3 Q. Let's talk pre-merger.

4 Certainly prior to 2010, you
5 know, sir, that, what, about half of the
6 business of Qualitest was opioid products?

7 MR. STERN: Objection;
8 foundation.

9 A. I never quantified the number of
10 products in that regard. They had a
11 series of products in their portfolio.

12 Q. Okay. Let's go to Exhibit 62.

13 MR. STERN: You meant
14 pre-acquisition of Qualitest by Endo.

15 MR. BUCHANAN: That is what I
16 meant.

17 BY MR. BUCHANAN:

18 Q. I was trying to orient you to
19 2010, sir.

20 That's when Endo acquired
21 Qualitest, correct?

22 MR. STERN: The assets thereof.

23 A. I know this in 2010.

24 Q. Thank you.

1 This is an e-mail, sir, from VP
2 of business development Paul Evans to
3 Jeremy Tatum.

4 Do you know Mr. Tatum, sir?

5 A. I do know Mr. Tatum.

6 Q. Okay. You know his function?

7 A. Yes.

8 Q. What was it?

9 A. When he worked for Par, was
10 supply chain.

11 Q. Got you.

12 So, this is a presentation as of
13 May 2010. If you go to the second page.
14 Qualitest Pharmaceuticals.

15 Got some plants down there in
16 Alabama and Charlotte, right?

17 A. There were, yes.

18 Q. Okay. I'd like to direct your
19 attention, please, to dot-4. It says here
20 it's a leading developer and manufacturer
21 and marketer of prescription generic
22 pharmaceutical products, right?

23 A. Yes.

24 Q. If you scroll down it says:

1 Focused on controlled substances and
2 developing a broad line of OCs.

3 I think I think the fourth or
4 fifth built.

5 See that?

6 A. I see it.

7 Q. Okay. Controlled substances,
8 that would be products like opioids,
9 right?

10 A. Correct.

11 Q. And developing a broad line of
12 OCs, would that be oral contraceptives?

13 A. That would be.

14 Q. So as a class of business,
15 controlled substances was a big component
16 of Qualitest's book of business at that
17 point in time, right?

18 A. It was a focus.

19 Q. Okay. And at the time when Endo
20 acquired Qualitest in 2010, it was the
21 fifth largest generics company, right?

22 A. I believe that's right.

23 Q. Okay. You were in the space at
24 that point in time. Par is probably a

1 competitor of Qualitest, right?

2 A. Generically speaking, yes, but
3 our portfolios were very different.

4 Q. I see. So you were both generic
5 manufacturers, but you had different
6 really product focuses.

7 Would that be fair?

8 A. Our strategies were very
9 different, but yes.

10 Q. Okay. Let's go to the next
11 page. It tracks the history of the fifth
12 largest U.S. generics company. You see
13 that? Goes back to 1983.

14 Did you know that Qualitest was
15 formed as a joint venture with K-mart?

16 A. I did.

17 Q. Okay. It grew ultimately, it I
18 guess it was acquired by a private equity
19 firm in 2007, right?

20 A. Yes.

21 Q. And we looked at those charts on
22 pills that were sold, and we saw the
23 company kind of gussied up its production
24 of -- of opioid products in the years

1 after that acquisition.

2 Isn't that right, sir?

3 MR. STERN: Objection to form
4 and foundation.

5 A. I'm not sure what gussied up
6 means.

7 Q. I'm sorry.

8 It gussied itself up and was
9 producing a lot more opioids in the years
10 after that, right?

11 MR. STERN: Objection; form and
12 foundation.

13 A. It produced a large volume of
14 opioids.

15 Q. Okay. APAX fund. I guess when
16 they bought the company it was the seventh
17 largest generic company, right? According
18 to this?

19 A. People define size by different
20 metrics, but according to them, they were
21 the seventh largest.

22 Q. And by this time today, which
23 would have been mid-2010, they're listing
24 themselves as the fifth largest, correct?

1 A. According to this document.

2 Q. Okay. Let's go forward and talk
3 about Qualitest's portfolio at the time
4 that Endo, I guess, went shopping for
5 them.

6 Let's go to dot-9.

7 It says: Diversify portfolio of
8 specialty generics positioned in
9 attractive product categories.

10 Right?

11 A. I see it.

12 Q. Okay. The attractive product
13 categories that are listed, first one
14 listed there on the left is what, sir?

15 A. Controlled substances.

16 Q. Okay. Controlled substances in
17 the eyes of Qualitest was an attractive
18 product category.

19 Fair?

20 A. That's what it says.

21 Q. Leading manufacturer of
22 controlled substances in the United
23 States.

24 Right?

1 A. That's what it says.

2 Q. 43 percent of total revenues in
3 2009, right?

4 A. That's what it says.

5 Q. Top 3 products by revenue.
6 Number one and number two are two of those
7 products that the CDC said are the drugs,
8 the prescription drugs that are being
9 used, responsible for the opioid epidemic,
10 right?

11 A. That's what the reports show
12 that you showed me before.

13 Q. Okay. So, 43 percent of
14 Qualitest's revenue in 2009 was selling
15 controlled substances, really these three
16 products, right?

17 A. That's what the document says.

18 Q. Okay. And the plan, the plan,
19 if we go to the next page, sir, is to do
20 more and to continue to grow, right?

21 A. I'd have to read this.

22 Q. Well, let's just look at the
23 strategy off to the right, just to orient
24 you.

1 I realize it's late in the day
2 at this point.

3 A. (Perusing document.)

4 MR. BUCHANAN: Can you also blow
5 up the heading, Corey?

6 Q. (Reading) Qualitest has a strong
7 presence and broad product line in the
8 controlled substances market.

9 Did I read that correctly, sir?

10 A. You did.

11 Q. Okay. Strategy. Bullet 1:
12 Continue to expand portfolio and broaden
13 the offerings in this category.

14 Right?

15 A. Yes.

16 Q. Offer more, right?

17 A. It's just hard for me to put a
18 connection of does it mean specifically
19 controlled substances.

20 Q. Okay. Well, the category that
21 we're talking about under that heading,
22 sir, do you see "Qualitest is a strong
23 presence and broad product line in the
24 controlled substances market"? Right?

1 A. Okay. I see it.

2 Q. On the left-hand side it says
3 "Barriers to entry"?

4 A. I see it.

5 Q. And it lists some of these
6 barriers to entry you might expect in the
7 controlled substances market.

8 Fair?

9 A. Yeah, I just needed to catch the
10 flow.

11 Q. Fair enough.

12 Okay. And, so, this company,
13 with its focus as a leading manufacturer
14 of opioids and controlled substances, was
15 the company Endo went shopping for in
16 2010, right?

17 MR. STERN: Objection; form and
18 foundation.

19 A. Endo acquired Qualitest in 2010.

20 Q. Okay. And this was after the
21 FDA had declared a public health crisis
22 secondary to prescription opioid products,
23 right?

24 MR. STERN: Objection to form

1 and foundation.

2 A. I'm not sure if it conducted a
3 health crisis here.

4 Q. Well, let me show you, sir,
5 Exhibit 61.

6 (Campanelli Exhibit 61, e-mail,
7 was marked for identification, as of
8 this date.)

9 BY MR. BUCHANAN:

10 Q. Exhibit 61, sir, is a series of
11 Power Points that were presented to
12 various Endo and other industry folks at
13 an FDA REMS meeting in March of 2009.

14 Do you see the first page?

15 A. I do.

16 Q. Okay. You were in this
17 certainly in the drug space in 2009, sir.

18 Were you in the Par -- was Par
19 in the opioid space at this point in time?

20 A. I don't believe so.

21 Q. Okay. And, so, on dot-8 we see
22 a presentation by Mr. Rappaport. Excuse
23 me, Dr. Rappaport: REMS for opioid
24 analgesics. How did we get here? Where

1 are we going?

2 Talks about first reports of
3 widespread OxyContin abuse in 2000.

4 Do you see that, sir, bottom of
5 the page?

6 A. I see it.

7 Q. Okay. And then move on to:
8 It's time to take action, on dot-10.

9 Right? Bottom of the page?

10 A. I see it.

11 Q. It says: Prescription opioids
12 are at the center of a major public health
13 crisis of addiction, misuse, abuse,
14 overdose and death.

15 Right?

16 A. I see it.

17 Q. Two years before the CDC
18 declared it a public health epidemic, the
19 FDA declared it a public health crisis,
20 right?

21 A. I don't know if the FDA -- this
22 is a REMS program. I'm not sure that this
23 is -- that they declared it a public
24 health crisis.

1 Q. Well, certainly what the FDA
2 said to manufacturers concerning, at this
3 particular meeting by Dr. Rappaport,
4 prescription opioids are at the center of
5 a major public health crisis.

6 Do you see that?

7 A. I see that, but I don't know if
8 he's speaking on behalf of the FDA.

9 Q. Sorry, sir. You do see that
10 it's an FDA presentation?

11 A. I do, but it's focused on REMS.

12 Q. Okay. At 896.8.

13 A. I see it.

14 Q. Could we agree that this is not
15 a presentation, it's just an industry
16 conference, right?

17 MR. STERN: Objection to the
18 form.

19 A. It's an industry meeting.

20 Q. Right.

21 In fact, what the FDA did is
22 they sent a letter out to all industry
23 participants with products that could be
24 subject to REMS and said, Come down to

1 Maryland, we need to talk to you.

2 Right?

3 A. I don't know if that's what they
4 would have done.

5 Q. And industry came down and
6 talked, or at least heard from the FDA on
7 this issue?

8 MR. STERN: Objection to the
9 form and foundation.

10 A. I see on dot-7 it's an industry
11 meeting to discuss opioid REMS.

12 Q. Okay. Let's go to dot-7, sir.

13 A. Okay.

14 Q. It says: Industry meeting to
15 discuss opioid REMS. FDA.

16 It's in Maryland, right?

17 A. Yes.

18 Q. Okay. It's going to be a
19 welcome by Dr. Jenkins. Mr. Rappaport is
20 going to present for the FDA. We've got a
21 regulatory broad from a Dr. Axelrod, or a
22 lawyer, I guess, and proposed elements of
23 the REMS, and then industry was going to
24 get to interact on their questions and

1 concerns, right?

2 A. I see it.

3 Q. Okay.

4 (Reading) Public health crisis
5 with prescription opioids 2009.

6 A. Where are you, sir?

7 Q. I'm on the page we were just at,
8 sir. It's dot-10, first bullet.

9 MR. BUCHANAN: I'm sorry. Down
10 below, Corey.

11 A. I see it.

12 Q. Okay. Public health crisis with
13 prescription opioids as it relates to
14 addiction, misuse, abuse, overdose and
15 death 2009.

16 True, sir?

17 A. I see it.

18 Q. And in the face -- and Endo had
19 a controlled substance on the market at
20 that point in time it was at the REMS
21 meeting, right?

22 MR. STERN: Objection; form and
23 foundation.
24

1 BY MR. BUCHANAN:

2 Q. Do you know that, sir?

3 A. I don't know if they
4 participated at the meeting.

5 Q. You know they got the letter,
6 right?

7 MR. STERN: Objection; form and
8 foundation.

9 2009.

10 BY MR. BUCHANAN:

11 Q. Let's go to -- we don't have to
12 make a big issue out of it, but I will
13 represent to you, sir, just to kind of
14 keep the record moving here, that on
15 February 6th, 2009, Dr. Rappaport sent Mr.
16 Barto in regulatory affairs the guidance
17 about this risk evaluation mitigation
18 strategy meeting in March of 2009.

19 Accepting that representation,
20 sir, would you expect the company's
21 regulatory representatives to attend?

22 MR. STERN: Objection; form and
23 foundation.

24 A. It would be reasonable to -- to

1 attend.

2 Q. We could agree, sir, at least
3 with regard to this document.

4 MR. BUCHANAN: Could you scroll
5 to the bottom of the page so we can
6 see the Bates number, please, Corey?

7 Q. We could agree that this
8 document, sir, reflects that it's from the
9 files of your company, Endo, correct?

10 A. Correct.

11 Q. Okay. So you don't really
12 dispute, and we saw the cover e-mail, that
13 the company had this presentation by Dr.
14 Rappaport describing this public health
15 crisis in 2009?

16 MR. STERN: Objection; form and
17 foundation.

18 A. Where I'm confused is your
19 question I thought originally said did we
20 participate in the meeting. My response
21 is I don't know if we -- we participated
22 in the meeting. But I'm not going to
23 dispute that we didn't have at least a
24 copy of the document. It could have been

1 put up on an FDA website. I don't know.

2 Q. It certainly was distributed
3 within the company, right?

4 MR. STERN: Objection; form and
5 foundation.

6 BY MR. BUCHANAN:

7 Q. Can we go to the first page and
8 answer counsel's concern about whether it
9 was distributed --

10 MR. STERN: Based on what's in
11 the document as opposed to his
12 personal knowledge, yes, we can go to
13 the first page.

14 MR. BUCHANAN: Okay.

15 BY MR. BUCHANAN:

16 Q. You have that, sir?

17 A. I do.

18 Q. Okay. And, so, in the face of a
19 public health crisis about prescription
20 opioids of abuse and death and addiction,
21 Endo went and bought the leading
22 manufacturer of opioids, or a leading
23 manufacturer of opioids, Qualitest, right?

24 MR. STERN: Objection.

1 BY MR. BUCHANAN:

2 Q. A year later?

3 MR. STERN: Objection to form
4 and foundation.

5 A. In 2010, Endo acquired
6 Qualitest.

7 Q. Okay. And if we go to
8 Exhibit 208, it's the chart. It's E1810A.
9 We can see that --

10 A. Where am I going, sir?

11 Q. I'm on the screen, sir, if you
12 can see it.

13 A. Okay.

14 MR. BUCHANAN: Could we scroll,
15 please, to -- did we lose the screen?

16 (Pause.)

17 MR. BUCHANAN: Corey, could you
18 set it up, though, so we can see,
19 please, 2007, '8, '9, '10, '11?

20 Thank you.

21 BY MR. BUCHANAN:

22 Q. All right. So, in 2010, a year
23 after we saw the notice from the FDA about
24 this public health crisis with

1 prescription drugs, Endo buys Qualitest,
2 right?

3 A. Yes.

4 Q. And we could see as we look back
5 over the years, Qualitest in 2007, after
6 it gets bought by that private equity
7 firm, is making a billion pills a year,
8 right?

9 MR. STERN: Objection; form and
10 foundation.

11 A. It appears that Qualitest's
12 volumes are a billion tablets, extended
13 units.

14 Q. Okay. And in 2008 it's about
15 the same.

16 Extended units. Thank you, sir.
17 About the same in 2008, right?

18 A. Correct.

19 Q. 2009 goes up 30 percent, right?

20 A. Correct.

21 Q. 2010 probably another 25
22 percent, right?

23 A. Correct.

24 Q. And in 2011 getting even more,

1 right?

2 A. It's increasing.

3 Q. Okay. This was an attractive
4 business to Endo. Opioids in the face of
5 a prescription drug crisis, right?

6 MR. STERN: Objection; form and
7 foundation.

8 A. It was a business that Endo was
9 interested in.

10 Q. Okay. And acted on. They
11 bought it.

12 A. Correct.

13 Q. Okay. I'd like to now turn,
14 sir, to Opana reformulated.

15 At the time when you joined the
16 company, Opana reformulated was a product
17 the company was marketing and selling,
18 right?

19 A. I don't believe it was marketing
20 it. I think it was selling it.

21 Q. Okay. You were making money
22 from it, right?

23 A. Yes.

24 Q. And the way this played out,

1 sir, is late 2000s, the patent on Opana ER
2 was getting ready to expire, right?

3 A. Which formulation are you
4 referring to?

5 Q. Opana ER, the original
6 formulation that was brought to market in
7 2006. The patent was getting ready to
8 expire. Generics were, I guess, looking
9 at it getting ready to enter the space,
10 and the company was trying to extend its
11 exclusivity or secure new exclusivity or
12 claims to keep hold of the market.

13 Right?

14 A. Endo introduced a new
15 formulation in the -- in -- in the late --
16 in the -- I think around 2011 or so.

17 Q. And, you've been in the generic
18 space for a while, right?

19 A. Correct.

20 Q. Okay. And, so, what happens
21 often is that when a proprietary product
22 or a patented product gets to the end of
23 its patented life, often generic
24 competitors come in, and once generic

1 competitors come in, sales of the patented
2 product drop dramatically due to
3 substitution rules and other things that
4 effectively take market share away from
5 the brand, right?

6 A. Generics typically get
7 conversion of the brand market and take
8 the majority of the share.

9 Q. And that can happen extremely
10 rapidly, right?

11 A. Yes.

12 Q. I mean, up to 80 percent within
13 60 days, right?

14 A. Yes.

15 Q. Or more?

16 A. Wouldn't be unusual.

17 Q. And, so, Endo, aware that its
18 patent was expiring and that generic
19 competitors could be entering into the
20 space in the late 2000s, sought to bring a
21 new formulation to market, right?

22 MR. STERN: Objection; form and
23 foundation.

24 A. I don't know specifically the

1 reason Endo chose to bring a formulation
2 to the market.

3 Q. That's a familiar development
4 cycle to you in this industry, right, sir?

5 A. You're referring to life cycle
6 management?

7 Q. Life cycle management where a
8 company, as it anticipates expiration of
9 its patent and entry of new generic
10 competition, will seek to add new claims,
11 change formulations, do things that will
12 allow it to continue its exclusivity
13 through one means or another.

14 Fair?

15 A. It's not unusual.

16 Q. Okay. And, so, it doesn't
17 surprise you that, in fact, Endo looked to
18 a new way of formulating its Opana product
19 to extend its exclusivity, or at least
20 retain its mark share, right?

21 A. Again, my understanding was Endo
22 was looking for an improved formulation at
23 this period of time.

24 Q. Okay. And, so, ultimately Endo

1 did bring reformulated Opana to the market
2 in I think it's early 2012, right?

3 A. Sounds right.

4 Q. Okay. And wrote to the FDA and
5 said old Opana should be withdrawn from
6 the market, right?

7 MR. STERN: Objection; form and
8 foundation.

9 BY MR. BUCHANAN:

10 Q. Did you know that?

11 A. At some point I was aware.

12 Q. Right.

13 I mean, what -- what Endo did,
14 after it got its product reformulated
15 Opana on to the market, is it told the FDA
16 that it thinks the old product, the risks
17 now outweighed the benefits in that
18 product.

19 MR. STERN: Objection.

20 Q. Right?

21 MR. STERN: Form and foundation.

22 A. I don't know the answer to that.

23 Q. It wrote to the FDA and told
24 them that the original formulation should

1 be discontinued for safety reasons, right?

2 MR. STERN: Objection; form and
3 foundation.

4 A. I'm sorry. Is there a question
5 there?

6 Q. There is.

7 A. I'm sorry.

8 Q. Are you aware of that?

9 A. Am I aware?

10 Q. That Endo wrote to the FDA and
11 said that the original formulation of
12 Opana ER should be withdrawn from the
13 market, discontinued for safety reasons?

14 MR. STERN: Objection; form and
15 foundation.

16 A. As I sit here today, I am aware
17 today.

18 Q. Okay. Was that something you
19 were aware of prior to the time you
20 started to get ready for your deposition?

21 A. I -- I know that I was made
22 aware, but I would tell you it was not
23 resonating at the time.

24 Q. Okay. When were you made aware?

1 Just while you were at Par and were
2 considering entering the Opana space?

3 A. No.

4 Q. Or when you were at Endo after
5 the Par acquisition?

6 A. I know this was part of the --
7 at some point, this was part of the
8 advisory committee.

9 Q. Okay. Let's go to Exhibit 66.
10 (Campanelli Exhibit 66, e-mail,
11 was marked for identification, as of
12 this date.)

13 BY MR. BUCHANAN:

14 Q. It's an e-mail from Ms. Chapman
15 to the FDA.

16 Ms. Chapman's in regulatory
17 affairs, right?

18 A. She was.

19 Q. Director of regulatory affairs?

20 A. Sounds right.

21 Q. This is May 2012, about a month
22 or two after Opana has been -- Opana
23 reformulated has been approved by the FDA.
24 And she writes, as noted in the middle

1 paragraph: While the original formulation
2 of Opana ER was deemed by FDA to be safe
3 and effective when taking according to the
4 prescribing information. The original
5 formulation was, what?

6 A. Subject to both intentional and
7 inadvertent abuse and misuse.

8 Q. So, now that the company has
9 secured a new formulation so that it's
10 going to start marketing and promoting the
11 new formulation, now the company is
12 willing to acknowledge that the
13 formulation it had been selling for the
14 last six years was subject to abuse and
15 misuse.

16 MR. STERN: Objection; form and
17 foundation.

18 BY MR. BUCHANAN:

19 Q. Right?

20 A. The regulatory -- I see the
21 e-mail from the regulatory team making
22 that indication.

23 Q. You would agree, sir, that that
24 sentence is inconsistent with the term, or

1 the statement "there is a low potential
2 for abuse with Opana"?

3 MR. STERN: Objection; form and
4 foundation. Time frame.

5 A. Can you ask that question again?

6 Q. You would agree, sir, that that
7 statement is inconsistent with the
8 statement that there is a low potential
9 for abuse?

10 MR. STERN: Objection; form and
11 foundation.

12 A. They're at odds.

13 Q. Continued: Endo believes that
14 the new formulation of Opana, which is
15 designed to be crush resistant, offers a
16 safety advantage over the original
17 formulation and that the original
18 formulation should be discontinued for
19 safety reasons.

20 Correct?

21 A. I see it.

22 Q. The product that the company had
23 been selling for the last six years,
24 right? Had been selling between 2006 and

1 2012, right?

2 A. Correct.

3 Q. After the company had now
4 secured the reformulated version and
5 approval of that, it asked the FDA to take
6 the old version off to keep the generics
7 out of the space?

8 MR. STERN: Objection; form and
9 foundation; mischaracterizes the
10 document.

11 A. Again, it -- the document is
12 indicating that there was a safety concern
13 on the original formulation.

14 Q. I mean, you as a person who was
15 in the generic business and has been in
16 the generic business for a long time, you
17 know what's happening here, right?

18 MR. STERN: Objection; form and
19 foundation.

20 A. No, I don't know what's
21 happening here.

22 Q. You know the company has just
23 secured approval for a reformulated
24 version. Generics are preparing to enter

1 the space. Generic Opana ER and the
2 company, with Ms. Chapman as the face with
3 the FDA, is trying to get the old NDA
4 discontinued so that the generics can't be
5 AB comparable.

6 Right?

7 A. I -- my understanding is she is
8 indicating that the old formulation has
9 safety issues and Endo introduced a new
10 formulation which I thought was a better
11 overall formulation.

12 Q. Well, so, let's talk about the
13 old formulation.

14 The old formulation, I mean, it
15 didn't change between 2006 and 2012,
16 right?

17 A. You're talking about the TIMERx
18 formulation.

19 Q. The original formulation, yes.

20 A. Correct.

21 Q. So that formulation was good
22 enough to sell by this company for six
23 years, and then as soon as the company got
24 the new formulation approved it was no

1 longer good to sell, right?

2 MR. STERN: Objection; form and
3 foundation.

4 A. I don't know if there's
5 something going on here.

6 At the end of the day, I see
7 this e-mail that says Endo's removing it
8 for safety reasons.

9 Q. Okay. The company sought claims
10 that --

11 MR. BUCHANAN: Withdrawn.

12 Could I get a time check?

13 THE VIDEOGRAPHER: We're at six
14 hours and 19 minutes.

15 MR. BUCHANAN: I'll withdraw my
16 last question to the extent it was
17 even half-asked.

18 Could we take a short break?

19 MR. STERN: Sure.

20 THE VIDEOGRAPHER: The time is
21 5:09 p.m.

22 We're off the record.

23 (Recess taken.)

24 THE VIDEOGRAPHER: We are back

1 on the record.

2 The time is 5:19 p.m.

3 BY MR. BUCHANAN:

4 Q. Thank you. We're back on the
5 record, sir. You're still under oath.

6 You understand that, correct?

7 A. Yes.

8 Q. Okay. Great. We're going to
9 push through here and finish up shortly,
10 at least my examination. The clock will
11 probably ring and end me.

12 So, let's talk about that Opana
13 reformulation product, okay.

14 In 2012, the company brought
15 that to market. In 2017, the company was
16 asked to withdraw it from the market by
17 the FDA.

18 Correct, sir?

19 A. Asked to voluntarily withdraw
20 it, yes.

21 Q. Okay. And the product is not
22 currently marketed and sold in this
23 country, correct?

24 A. Correct.

1 Q. Okay. And some of the issues
2 that arose with regard to Opana
3 reformulated, well, you had significant
4 oral abuse with the product, right?

5 MR. STERN: Objection to the
6 form and foundation.

7 A. I'm unaware if it had oral
8 abuse.

9 Q. You are aware -- we'll move on
10 to the abuse you are aware of, sir.

11 There was IV abuse, correct?

12 A. I am aware.

13 Q. Due to the way in which the
14 product was reformulated, it made it
15 susceptible to being dissolved in liquid
16 and injected for abuse, correct?

17 MR. STERN: Objection to the
18 form and foundation.

19 A. I'm not aware of the specific
20 details, but I know it was -- it was tied
21 back to the injectable misuse of the
22 product.

23 Q. And if we look over the history
24 of the product between 2012 and 2017, some

1 of the consequences of that abuse through
2 injection included HIV transmission,
3 right?

4 MR. STERN: Objection to form
5 and foundation.

6 A. Again, I learned about HIV in
7 the 2016, '17 time frame.

8 Q. It was one of the consequences
9 secondary to the IV -- IV use and misuse
10 and abuse of Opana reformulated, correct?

11 A. It was an issue.

12 Q. Hepatitis was another issue that
13 was arising as a result of the IV abuse
14 with Opana reformulated, right?

15 MR. STERN: Objection to form
16 and foundation.

17 A. I learned of that, yes, in the
18 2016 time frame.

19 Q. And a very rare blood disorder,
20 something call TTP, secondary to IV drug
21 abuse due to the way in which the product
22 was formulated and how it was composed
23 once dissolved, correct?

24 MR. STERN: Objection to form

1 and foundation.

2 A. TTP or TPP?

3 Q. I'm sorry. I think I misspoke.

4 A. Just so I -- I just want to make
5 sure we're all clear.

6 (Pause.)

7 Q. TPP. A rare blood disorder
8 secondary to IV use was something that
9 you're aware of being reported with Opana,
10 correct?

11 A. With the new formulation.

12 MR. STERN: TTP.

13 MR. BUCHANAN: I'm sorry. Are
14 we crossing? Did I have it right the
15 first time?

16 MR. STERN: You had it right.

17 THE WITNESS: I apologize.

18 MR. BUCHANAN: Okay. Thank you.
19 You said it with such a firm
20 conviction, sir, that I questioned
21 myself.

22 BY MR. BUCHANAN:

23 Q. TTP is a rare blood disorder,
24 correct?

1 MR. STERN: Objection to the
2 form.

3 A. I have general knowledge of
4 that.

5 Q. And, in fact, what happened
6 shortly after Opana was brought to market,
7 it didn't take long for the drug to hit
8 the streets and be abused for the IV route
9 of administration, right?

10 A. You're referring to the new
11 formulation?

12 Q. I am. Yes, sir.

13 A. At what period of time?

14 Q. 2012, '13.

15 A. I'm not sure what's going on in
16 2012.

17 Q. Okay. Do you have the
18 awareness, sir, that -- well, okay.
19 You've identified a number of items that
20 you did become aware of as a result of FDA
21 advisory committees and discussions, I
22 assume internally, about this Opana
23 reformulated product, correct?

24 A. That's what I'm referring to.

1 Q. Okay. One of them, I guess the
2 big picture umbrella is IV drug abuse,
3 right?

4 A. Abuse and misuse, yes.

5 Q. So, patients were acquiring the
6 pills. They were dissolving the pills in
7 liquid. They would then be drawn up
8 through a syringe and injected into
9 bodies.

10 Right?

11 MR. STERN: Objection; form and
12 foundation.

13 A. I don't know how specifically
14 they manipulated the product, but they
15 were -- the abuse and the misuse dealt
16 with the IV form.

17 Q. Okay. I mean, this is something
18 that the company, Endo, was aware of long
19 before it was launched, right?

20 MR. STERN: Objection; form and
21 foundation as to long before 2015.

22 A. I don't know the timing on that.

23 Q. Did you know, sir, that the
24 company was aware, through its testing

1 with Grunenthal, its partner on the
2 product, that the drug was easily prepped
3 for IV injection?

4 A. I did not know that.

5 Q. Let's go to exhibit -- sorry. I
6 guess Exhibit 70, sir.

7 (Campanelli Exhibit 70,
8 document, was marked for
9 identification, as of this date.)

10 BY MR. BUCHANAN:

11 Q. You ran testing on -- I guess
12 Grunenthal.

13 Grunenthal was a partner with
14 Endo in the reformulated product, correct?

15 A. It's my understanding.

16 Q. So we're on this page
17 "Preparation for IV injection." We see
18 comparisons being made between TRF, tamper
19 resistant formulation, 5 milligram, tamper
20 resistant formulation 40 milligram.

21 Do you see that?

22 A. I see it.

23 Q. And then versus old Opana. Do
24 you see that? The third column.

1 A. I see that.

2 Q. Okay. You see in the second row
3 the amount extracted, it talks about the
4 amount relative to the 40 milligrams there
5 for the second column. You see about 10
6 grams of the 40 milligrams extracted?

7 A. 10 milligrams.

8 Q. Versus .2 milligrams of the old
9 pill, right?

10 A. I just want to make sure I get
11 my bearings here.

12 The TRF in the 5 -- in the 40 is
13 referring to what?

14 Q. The tamper resistant formulation
15 that was being developed and tested by
16 Grunenthal, sir.

17 A. The new formulation.

18 Q. Yes, sir.

19 A. Okay.

20 Q. You see that about 10 milligrams
21 of the 40 milligrams was drawn up by IV
22 injection with new formulation versus .2
23 milligrams with the old formulation.

24 You see that?

1 A. Yes.

2 MR. BUCHANAN: You can take that
3 down, please.

4 BY MR. BUCHANAN:

5 Q. Let's go now to Exhibit 69.

6 (Campanelli Exhibit 69,
7 document, was marked for
8 identification, as of this date.)

9 BY MR. BUCHANAN:

10 Q. This is a Q4 face-to-face
11 meeting in Chadds Ford.

12 That was one of the sites for
13 Endo in 2009, correct?

14 A. Back in 2009, that's what I
15 believe was -- is a site, yes.

16 Q. Okay. And we'll go to dot-6.

17 And these are results of a
18 face-to-face meeting with Grunenthal and
19 Endo, right?

20 A. I have no idea what's happening
21 here in --

22 Q. Okay. Sorry. I'll just give
23 you a moment to orient yourself.

24 You see the logos of both

1 companies on the first page, dot-1?

2 A. Dot-1?

3 Q. Yes.

4 A. Yes.

5 Q. Grunenthal and Endo noted there.

6 A. I see it.

7 Q. Q4 face-to-face meeting Chadds

8 Ford December 7th and 8th, 2009, right?

9 A. I see it's 2009.

10 Q. Okay. And they run through the
11 results of various testing, right?

12 MR. STERN: Objection; form and
13 foundation.

14 BY MR. BUCHANAN:

15 Q. Have you seen this before, sir?

16 A. No, I have not.

17 Q. Did anybody bring to your
18 attention, sir, that, in fact, Grunenthal
19 had run tests prior to launch that showed
20 that this was susceptible to abuse through
21 injection?

22 MR. STERN: Objection; form and
23 foundation.

24 A. I'm not familiar with it.

1 Q. Okay. All right. You can set
2 it aside, sir.

3 I want to shift gears real
4 quick, go back to an earlier point in time
5 prior to reformulated Opana and talk about
6 marketing and promotion of Opana ER prior
7 to the reformulation, okay.

8 MR. STERN: Are we in our books
9 still?

10 MR. BUCHANAN: You're not in
11 your book right now.

12 BY MR. BUCHANAN:

13 Q. Sales representatives, sir.
14 Sales representatives, you had
15 them to detail Opana ER, correct?

16 MR. STERN: Objection; form and
17 foundation.

18 BY MR. BUCHANAN:

19 Q. You Endo.

20 MR. STERN: What time period are
21 we talking about?

22 MR. BUCHANAN: I'm sorry,
23 counsel.
24

1 BY MR. BUCHANAN:

2 Q. For the original Opana product,
3 the company employed sales representatives
4 that called on physicians.

5 True?

6 MR. STERN: Objection; form and
7 foundation.

8 A. My understanding is we had sales
9 reps.

10 Q. Okay. And the systems within
11 the company called for sales
12 representatives to at least note the fact
13 that they were calling on doctors in a
14 system, right?

15 MR. STERN: Objection to the
16 form and foundation. We have no time
17 frame.

18 MR. BUCHANAN: I'm referring to
19 this period of time, counsel, for
20 Opana ER.

21 MR. STERN: Before September
22 2015 or after?

23 MR. BUCHANAN: Well, Opana ER
24 non-reformulated is certainly going to

1 be between 2006 and 2012.

2 MR. STERN: Okay.

3 MR. BUCHANAN: Let's have that
4 time frame in mind.

5 MR. STERN: Okay.

6 A. I wasn't there, so I'm not sure
7 what the company was doing.

8 Q. Okay.

9 MR. BUCHANAN: Behind you,
10 counsel, are three boxes. Each box is
11 a copy of the same exhibit. What I'd
12 like to do, if you could, just maybe
13 just give the witness one folder.

14 Let me come over and help you.

15 (Pause.)

16 MR. BUCHANAN: Sir, I'm going to
17 put this to your side.

18 For the record, Exhibit 108 is a
19 series of printouts of the company's
20 sales call detail database.

21 (Campanelli Exhibit 108, box of
22 documents, was marked for
23 identification, as of this date.)

24 THE WITNESS: I'm sorry. I

1 didn't hear that.

2 MR. BUCHANAN: It's a printout
3 from the company's sales call database
4 that's been produced to us in the
5 litigation of the calls on physicians
6 in Ohio.

7 THE WITNESS: Okay.

8 BY MR. BUCHANAN:

9 Q. Okay. Could you just pull up
10 one of the folders from the box, sir?

11 A. Any one?

12 Q. Any one.

13 I just want you to orient us,
14 sir, to the content of the sales call log
15 as produced to us. Can you pull out a
16 page, first page?

17 MR. STERN: Can I just, for
18 kicks, the one he pulled up is E1873
19 2008 to 2016 full Ohio Opana ER call
20 log ENDO_OPIOID_MDL number 00673566
21 and there's a Post-it note on the
22 front that says number 1. 1-1200.

23 MR. BUCHANAN: And thank you for
24 that, counsel.

1 BY MR. BUCHANAN:

2 Q. I'll represent to you, sir, that
3 the printouts in the other folders in the
4 box that has been marked as this exhibit
5 contain the remaining pages from that same
6 file. It is one file that contains all
7 those pages, sir.

8 A. Okay.

9 Q. Do you see, sir, fields of
10 information as if a very long spreadsheet?

11 MR. STERN: I won't keep doing
12 this, Mr. Buchanan, but just this is,
13 Mr. Campanelli is looking at the first
14 one he's looking at is E1783.3.

15 MR. BUCHANAN: Thank you. Thank
16 you.

17 BY MR. BUCHANAN:

18 Q. And, so we can see, sir, as we
19 read across there are a number of fields
20 at the top of the page, correct?

21 A. Correct.

22 Q. There is the healthcare
23 provider, or HCP first name, right?

24 A. Correct.

1 Q. HCP last name, correct?

2 A. Yes.

3 Q. We see HCP specialty, right?

4 A. Correct.

5 Q. An address, right?

6 A. Correct.

7 Q. Which you understand to be the
8 address for the health care provider,
9 correct?

10 A. I would draw that conclusion
11 because of the previous -- yes. Yeah, the
12 previous HCP and specialty. I would
13 assume that's the -- the -- the office
14 address.

15 Q. Okay. And then there are
16 employee numbers and employee names, rep
17 names that are listed there, right?

18 A. Yes.

19 Q. Okay. Rep first name, rep
20 middle name, rep last name, right?

21 A. I see it.

22 Q. And then there's a field number
23 or code, right?

24 A. I see it.

1 Q. And then a call date, right?

2 A. I see it.

3 Q. And in your parlance and in your
4 industry, sir, you refer to the
5 interaction between a sales representative
6 and its visit on a physician as a sales
7 call, right?

8 A. Correct.

9 Q. And note it with a call date,
10 right?

11 A. Correct.

12 Q. Okay. And then there's a field
13 where comments could be added, right?

14 A. I see it.

15 Q. I don't see any on the pages I
16 have before me.

17 Do you see any on yours?

18 A. I do not.

19 Q. Okay. Duration, messages, two
20 other columns, right?

21 A. Correct.

22 Q. That could be populated but are
23 not populated on mine.

24 A. Correct.

1 Q. And then there's listing for the
2 product, right?

3 A. I see it.

4 Q. Do you see the product names
5 there?

6 A. I do.

7 Q. Do you see Opana ER?

8 A. I do.

9 Q. And they appear to be in a date
10 order, right?

11 A. A date order, you're talking
12 about the call date?

13 Q. Yes. That was my understanding
14 from my review, but you're the witness.

15 Do they increase in date?

16 A. Unless I'm looking at this
17 wrong, it looks like it's all the same
18 date.

19 Q. It may just be because there's a
20 lot of calls happening on the same date in
21 the State of Ohio.

22 A. Okay. So let me just flip
23 through some more pages here.

24 Yes, I could see the date is

1 increasing out in time as I get to deeper
2 in the document.

3 Q. Sir, I won't ask you to do the
4 counting. It's probably easier to do it
5 on the computer that we used. I'll
6 represent to you, sir, that I think
7 there's a 131,000 visits with doctors in
8 Ohio on the dates that are -- that we were
9 given data for.

10 Is it consistent with your
11 knowledge, sir, that the company was
12 actively detailing physicians in Ohio and
13 elsewhere on Opana ER?

14 MR. STERN: Objection; form and
15 foundation.

16 A. Okay. Again, I wasn't there. I
17 don't have personal knowledge. But I -- I
18 do see these documents in front of me.

19 Q. The company had a sales force
20 that was charged with detailing Opana ER,
21 right?

22 A. That's my understanding.

23 Q. Okay. And I'll represent to
24 you, sir, there were 131,000 calls on

1 doctors in Ohio on Opana ER, or ER
2 reformulated.

3 Is that a lot to you?

4 MR. STERN: Objection; form and
5 foundation.

6 A. What's the period of time?

7 Q. 2008-2016.

8 A. I -- I would have to see the
9 entire call panel. I just don't know the
10 answer to that.

11 Q. 20,000 visits a year, is that a
12 lot to you?

13 MR. STERN: Objection; form and
14 foundation.

15 A. I just don't know.

16 Q. Okay. Well, do you know Dr.
17 Adolf Harper, sir?

18 A. No, I do not.

19 MR. BUCHANAN: Could I have
20 Exhibit 110, please?

21 (Campanelli Exhibit 110,
22 document, was marked for
23 identification, as of this date.)
24

1 BY MR. BUCHANAN:

2 Q. Passing you what's been marked
3 as Exhibit 110, sir.

4 What we've done, sir, is try to
5 zoom in a little bit on a physician in
6 Ohio. Dr. Adolf Harper.

7 Do you recognize the format of
8 110 to be consistent with the field and
9 data you were just reading to us, sir, in
10 terms of its format?

11 A. It looks consistent. Appears to
12 be consistent.

13 Q. I'll represent to you, sir, that
14 what we did was we searched for Dr. Harper
15 to just get the calls on him, okay.

16 And these are sorted in date
17 order, sir.

18 And we see that Dr. Harper was
19 called on 110 times by sales
20 representatives of Endo.

21 Do you see that?

22 A. Is that what this adds up to?

23 Q. That is. I mean, you can
24 probably get a quick sense of it just by

1 turning the pages, but --

2 A. Okay.

3 Q. -- without maybe not to that
4 level of precision.

5 But, does that seem about right
6 to you, sir?

7 A. I'll take your word for it.

8 Q. Okay. Promote -- promoting,
9 detailing, visiting with Dr. Harper from
10 2008 on Opana ER all the way up to 2012,
11 right?

12 A. I see it.

13 Q. Last visit was in February of
14 2012, right?

15 A. According to the sheet.

16 Q. Dr. Harper was indicted for
17 running a pill mill, right?

18 MR. STERN: Objection; form and
19 foundation.

20 A. Okay. I didn't know that.

21 Q. Dr. Harper had patients in his
22 lobby urinating, getting sick, engaging in
23 aggressive behavior, fighting,
24 administrators signing prescription pads

1 with no visits with patients.

2 MR. STERN: Objection; form and
3 foundation.

4 BY MR. BUCHANAN:

5 Q. Are you aware of that, sir?

6 A. No, I'm not aware.

7 Q. And your sales reps, your
8 Endo's, sales reps, are going into this
9 office and seeing this --

10 MR. STERN: Objection; form and
11 foundation. Time frame.

12 Q. -- and not reporting it to the
13 company, right?

14 MR. STERN: Objection; form and
15 foundation. Time frame.

16 A. I -- I just don't know. I was
17 not there. I don't know what Endo was
18 doing at this point in time.

19 Q. In fact, he doesn't get taken
20 off the Endo call lists until there's news
21 reports about Dr. Harper?

22 MR. STERN: Objection; form and
23 foundation. Time frame.

24

1 BY MR. BUCHANAN:

2 Q. Is that right, sir?

3 A. As I said, I was not there. I
4 don't know that.

5 Q. Passing you, sir, what we're
6 marking as Exhibit 109.

7 (Campanelli Exhibit 109, e-mail,
8 was marked for identification, as of
9 this date.)

10 MR. BUCHANAN: I'm told we don't
11 have it on the screen, but how long
12 would it take to pop the Elmo?

13 THE VIDEOGRAPHER: Seconds.

14 MR. BUCHANAN: Okay.

15 You can take a look at it first,
16 sir.

17 (Pause.)

18 BY MR. BUCHANAN:

19 Q. For the video I've got it on the
20 Elmo here, you'll see my little squiggles
21 and notes.

22 This is an interaction between a
23 couple Endo folks.

24 For the record, it's a Bates

1 stamp ENDO_OPIOID_MDL-02816741. From the
2 spring of 2012. Prescriber removals.

3 (Reading) Dr. Harper is rather
4 large for Akron and we would like to
5 remove.

6 And it continues.

7 Do you see that, sir?

8 A. I see it.

9 Q. Okay. Let's go to the next
10 page.

11 MR. BUCHANAN: How do we zoom
12 in, sir?

13 THE VIDEOGRAPHER: Right here.

14 MR. BUCHANAN: That's cool.

15 Thank you.

16 BY MR. BUCHANAN:

17 Q. Zoom in.

18 And, so, what we see here is
19 that notwithstanding that Dr. Harper has
20 been visited some 110 times, including
21 through February, it's not until after
22 there are news reports, local news about
23 his questionable activities that Endo
24 takes action, right?

1 MR. STERN: Objection; form and
2 foundation.

3 BY MR. BUCHANAN:

4 Q. I'm sorry. Can you see that,
5 sir?

6 A. I can see it, but I don't -- I
7 don't know what Endo was doing or not
8 doing at this point in time.

9 Q. Okay. We could agree, sir, that
10 the exhibit we looked at, Exhibit 110,
11 reflects, and I realize I didn't give you
12 time to count them, but roughly a hundred
13 or so, 110 sales calls to Dr. Harper, who
14 by this report is engaging in questionable
15 actions.

16 A. I see the words.

17 Q. But it's not until this hits the
18 news and is a public thing in the press
19 that Endo stops calling on him, right?

20 MR. STERN: Objection; form and
21 foundation.

22 BY MR. BUCHANAN:

23 Q. That's what this reflects,
24 right?

1 A. I don't know what this is
2 reflecting.

3 Again, at this point in time,
4 I'm not there. I don't know what Endo did
5 or did not do.

6 Q. Okay. Certainly, sir, if your
7 sales reps were walking through a doctor's
8 office who had patients getting sick,
9 urinating, engaging in aggressive
10 behavior, falling asleep, or with a list
11 of the prescriptions that were willing to
12 fill the doctor's pharmacy, you'd hope the
13 red flags would go off with those sales
14 reps; wouldn't you, sir?

15 MR. STERN: Objection; form and
16 foundation.

17 A. As you explain that, obviously
18 that's not a good thing.

19 I just don't know whether or not
20 that really occurred. If that was -- I
21 don't have the evidence or validation. I
22 just don't know how to respond to that.

23 Q. Well, certainly you'd hope your
24 sales reps would report it up the chain,

1 right?

2 MR. STERN: Objection; form and
3 foundation.

4 A. I wasn't there.

5 However, if that was happening,
6 I would hope that -- that that would be
7 something that the reps would report.

8 Q. Okay. Sir, I have to -- I have
9 to shift gears a little bit.

10 There's been some changes in the
11 generic industry in the last few years.

12 Fair?

13 A. I'm not sure what you mean.

14 Q. The industry has changed in the
15 way buying groups deal with generic
16 manufacturers.

17 True?

18 A. There's been a consolidation, if
19 that's what you're referring to.

20 Q. Okay. There's a few large
21 buying groups, right?

22 A. Yes.

23 Q. And, what are their names?

24 A. Clarus-1, Webad and Red Oak.

1 Q. How has that impacted Endo's
2 business?

[illegible]

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Q. Okay. And, so, if you could explain to me, sir, how does that impact or put pressure on the company in terms of its relationships with its customers?

A.

Q. Okay. Has anything changed secondary to that, with regard to your relationships with PBMs?

A.

1

Q. [REDACTED]

■ [REDACTED]

■ [REDACTED]

4

MR. STERN: Who? I'm sorry,

5

Mr. Buchanan. Who has no interaction?

6

MR. BUCHANAN: I meant the

7

entity that he's the CEO.

8

A. Okay. Let's -- so, let's --

9

maybe we should back up here. I thought

10

you were talking about generics.

11

Could you ask the question

12

again?

13

Q. I'm sorry.

14 [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

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21

Q. Okay.

22

MR. BUCHANAN: Can we take a

23

short break?

24

THE WITNESS: Sure.

1 THE VIDEOGRAPHER: All right.

2 The time is 5:49 p.m.

3 Off the record.

4 (Recess taken.)

5 THE VIDEOGRAPHER: We are back
6 on the record.

7 The time is 5:55 p.m.

8 MR. BUCHANAN: Mr. Campanelli,
9 thank you for your time today. I am
10 advised I'm at the end of my -- my
11 time with you. At this point, I'm
12 going to pass you to counsel for --
13 for other states and municipalities
14 for their examinations.

15 Thank you again, sir. I
16 appreciate your time.

17 THE WITNESS: Thank you.

18 MR. STERN: Thank you,
19 Mr. Buchanan.

20 EXAMINATION BY

21 MS. HERZFELD:

22 Q. Good afternoon, Mr. Campanelli.

23 How are you?

24 A. Good. How are you?

1 Q. Good. My name is Tricia
2 Herzfeld, and I'm an attorney for the
3 Tennessee State plaintiffs. I reserved
4 two hours to question you today, but
5 hopefully I won't need all that time. I'm
6 sure you're in a hurry to get out of here.

7 A. I'm here to answer your
8 questions.

9 Q. Great. Wonderful.

10 MS. HERZFELD: Before we get
11 started, I just wanted to lodge the
12 Tennessee State -- state litigations
13 objections in all of the Tennessee
14 State cases about Endo's failure to
15 comply with the MDL protocol and the
16 protocol that has been listed in the
17 Dunaway and Staubus cases.

18 Just to note, we have not
19 received -- we have not received a
20 custodial file for Mr. Campanelli. We
21 have not received any documents from
22 Mr. Campanelli.

23 So we are very specifically
24 reserving our rights to re-depose Mr.

1 Campanelli in the future because it
2 certainly has hampered our ability to
3 prepare for today.

4 MR. STERN: Ms. Herzfeld, I'm
5 sorry to interrupt.

6 MS. HERZFELD: Yes.

7 MR. STERN: I know that -- I
8 know there are other grounds for your
9 objection other than not producing Mr.
10 Campanelli's custodial files, but we
11 believe we have produced his custodial
12 files.

13 MS. HERZFELD: No, I
14 double-checked right before I started
15 questioning. We absolutely don't have
16 it, and we actually sent multiple
17 e-mails requesting it.

18 MR. STERN: Can I have just a --
19 can we go off the record for a minute?

20 MS. HERZFELD: Sure.

21 THE VIDEOGRAPHER: All right.

22 The time is 5:57 p.m.

23 Off the record.

24 (Recess taken.)

1 THE VIDEOGRAPHER: We are back
2 on the record.

3 The time is 5:59 p.m.

4 MR. STERN: So, we're trying to
5 move on with this, but it's my
6 understanding that Mr. Campanelli's
7 Endo custodial files were produced 14
8 days ago. We're going to try to find
9 out to whom they were produced and get
10 you that information as promptly as we
11 can.

12 MS. HERZFELD: Great. And just
13 for your information, so, it looks
14 like we received the intent for
15 February 22nd. The MDL issued its
16 notice of deposition on March 4th. On
17 March 7th is when we e-mailed in
18 compliance with the protocol
19 requesting all the stuff we were
20 supposed to get. On March 11th, Mr.
21 Davis wrote back and said that he
22 would write back separately to address
23 the deposition of Mr. Campanelli. We
24 didn't get any follow-up on that.

1 Then on March 13th, we sent another
2 e-mail requesting that we get Mr.
3 Campanelli's custodial files, various
4 documents, et cetera, et cetera, et
5 cetera. We didn't hear anything back
6 from that. We then e-mailed again
7 Friday, March 15th, explaining that we
8 hadn't received the custodial file for
9 Mr. Campanelli or any other of the
10 documents that would be required, and
11 we didn't hear back.

12 So that's our understanding of
13 where we are.

14 MR. STERN: I understand there
15 are issues with respect to other
16 documents, and those I'm not --

17 MS. HERZFELD: We'll address
18 that a different day.

19 MR. STERN: But I am concerned
20 that we -- there may be some
21 miscommunication, and we're going to
22 try to get to the bottom of it.

23 MS. HERZFELD: Okay, great.

24 I just want to be very clear for

1 the record that I'm taking this
2 deposition without the benefit of Mr.
3 Campanelli's custodial file. So,
4 given that we're here, we're going to
5 try to get through the questions that
6 we can, but I am very, very
7 specifically reserving my right to
8 re-depose this witness at a later
9 date, obviously subject to, you know,
10 the court in Staubus making a ruling
11 on that.

12 I'm not expecting you to agree,
13 is what I'm telling you.

14 MR. STERN: No, no, no, I'm -- I
15 need to confer outside for just a
16 minute.

17 MS. HERZFELD: Sure.
18 Absolutely.

19 THE VIDEOGRAPHER: Okay. The
20 time is 6:01 p.m.

21 Off the record.

22 (Recess taken.)

23 THE VIDEOGRAPHER: All right.
24 We are back on the record.

1 The time is 6:04 p.m.

2 MS. HERZFELD: Okay. We're back
3 on the record after a short break
4 where before we went off the record we
5 were discussing the lack of custodial
6 file or any other necessary documents
7 that we needed for today's deposition.

8 My understanding is that counsel
9 for Endo would like to go forward at
10 this point.

11 MR. STERN: That's correct.

12 MS. HERZFELD: Okay. So, we
13 have reserved two hours today and are
14 specifically reserving our right to
15 re-depose this witness at a later
16 date, specifically under the rules of
17 the Tennessee Rules of Civil Procedure
18 which don't have a time limitation for
19 the deposition, and so we're reserving
20 all of our rights under that, plus all
21 of our prior objections for failure to
22 follow the various protocols in this
23 case.

24

1 BY MS. HERZFELD:

2 Q. Okay. Mr. Campanelli, like I
3 said before, my name is Tricia Herzfeld.
4 I'm an attorney from the State of
5 Tennessee.

6 How are you doing?

7 A. Good. Thank you. And yourself?

8 Q. Good. Good. Good. Good so
9 far.

10 Have you heard anything about
11 the Tennessee litigation?

12 A. No.

13 Q. Okay. Are you familiar at all
14 with the Tennessee litigation being
15 different in any way from the litigation
16 in the MDL?

17 A. No.

18 Q. Okay. You talked a little bit
19 before in your deposition about being
20 aware of the opioid problem in this
21 country.

22 Are you aware that the opioid
23 problem is particularly bad in the
24 Appalachian region of the country?

1 MR. STERN: Objection; form and
2 foundation.

3 A. I'm not sure what you mean.

4 Q. Do you know what the Appalachian
5 region of the United States is?

6 A. Yes.

7 Q. And, are you aware that the
8 opioid epidemic has hit the Appalachian
9 region particularly hard?

10 MR. STERN: Objection to form;
11 foundation.

12 A. I don't know specifically.
13 Generally I'm aware.

14 Q. Okay. And, do you consider
15 Tennessee to be part of Appalachia?

16 A. Yes.

17 Q. And you've heard of NAVIPPRO,
18 the National Addiction Vigilance
19 Intervention and Prevention Program.

20 Is that right?

21 A. I've heard of it. I'm not
22 specifically knowledgeable what it does.

23 Q. Okay. You're aware that Endo
24 helped fund the start of NAVIPPRO?

1 A. No.

2 Q. NAVIPPRO is one of the ways Endo
3 monitors the abuse and diversion of Opana.
4 You're aware of that?

5 A. I've seen that in the ADCOM.

6 Q. Okay. And Endo has been a
7 member, a paying member of NAVIPPRO.
8 Is that right?

9 A. I believe that is to be the
10 case.

11 Q. And Endo receives NAVIPPRO's
12 surveillance reports every quarter.
13 Is that right?

14 A. I don't know the frequency.

15 Q. Okay. But you do know that Endo
16 receives regular NAVIPPRO surveillance
17 reports?

18 A. I know that we've contracted
19 with NAVIPPRO.

20 Q. Okay. And part of that contract
21 is receiving regular surveillance reports
22 of your Opana product?

23 A. Again, I don't know the
24 frequency.

1 We no longer sell Opana.

2 Q. But in the past, you received
3 surveillance reports of your opioid
4 product Opana.

5 Is that right?

6 A. What period of time are you
7 referring to?

8 Q. 2012 til the -- til the product
9 went off the market.

10 MR. STERN: Objection;
11 foundation.

12 A. So, my -- my awareness of
13 NAVIPPRO stems about two to three months
14 from September 2016 to -- to about
15 December 2016.

16 Q. Okay. So, about the time of the
17 three-year NAVIPPRO report?

18 A. It's the start of when I became
19 the CEO to the time that we stopped
20 selling -- from the time that we
21 stopped -- we eliminated our sales -- our
22 sales force.

23 Q. Okay. And you talked about
24 discussions of the NAVIPPRO reports at the

1 ADCOM meeting.

2 Is that right?

3 A. I've seen some reports in the
4 ADCOM with the NAVIPPRO timeline.

5 Q. Okay. And you were aware that
6 Opana ER was abused more in some areas of
7 the country than others through those
8 NAVIPPRO reports.

9 Is that right?

10 MR. STERN: Objection;
11 foundation.

12 A. I don't recall specifically the
13 details. I did see some graphs that
14 showed Tennessee was -- was higher.

15 Q. Tennessee wasn't just higher.
16 It was extraordinarily higher; was it not?

17 MR. STERN: Objection to the
18 form.

19 A. I don't recall.

20 Q. Okay. Have you ever heard the
21 term "the Tennessee effect" in response --
22 in -- to describe Opana?

23 A. No.

24 Q. Okay. When numbers were given

1 to the FDA and various other reports were
2 given, did you -- you were aware that
3 Tennessee's numbers were pulled out
4 separately from the rest of the country
5 'cause they were so bad?

6 MR. STERN: Objection to the
7 form and foundation.

8 A. What specifically are you
9 referring to?

10 Q. Tennessee's abuse and diversion
11 rates of Opana.

12 A. I'm sorry. Is this referring to
13 the ADCOM or in general?

14 Q. In general.

15 A. I did not know.

16 Q. Okay. And you knew that there
17 was an Opana injection problem in
18 Tennessee.

19 Is that right?

20 A. I'm aware of the facts that came
21 out of the ADCOM.

22 Q. Okay. And those facts indicated
23 that there was a high injection rate of
24 Opana in Tennessee.

1 Is that right?

2 A. I don't know specifically
3 Tennessee, but I'm aware that there was an
4 injection issue.

5 Q. Were there ever any other
6 discussions of Tennessee in the ADCOM or
7 any other meetings that you've attended?

8 A. I didn't have any specific
9 discussions on Tennessee.

10 Q. About Tennessee?

11 A. No.

12 MS. HERZFELD: Okay. I'm going
13 to hand you what we will mark as
14 Campanelli 500. We're going to start
15 the Tennessee exhibits with 500.

16 For those on the phone, it's
17 ENDO-OPIOID_MDL_06183930 through
18 '4083.

19 THE WITNESS: Okay.

20 (Campanelli Exhibit 500,
21 document, was marked for
22 identification, as of this date.)

23 BY MS. HERZFELD:

24 Q. Take a look at that for me,

1 please. I've handed you what is the
2 NAVIPPRO quarterly report that was
3 provided to Endo for the fourth quarter of
4 2012.

5 Do you see that on the front?

6 A. I do.

7 Q. Okay. And if you will turn with
8 me to page 7.

9 A. Okay.

10 Q. Okay. And then it says at the
11 top there Quarter 4 2012 and annual
12 4/1/2012 through 12/31/2012.

13 Is that right? In the top
14 corner.

15 A. Yes.

16 Q. Okay. And if you'll go down
17 with me to the ASI-MV summary, the first
18 bullet point, could you read that for me,
19 please?

20 A. (Reading) During the 9 month
21 reporting period, 455 sites located in 31
22 states, including the District of
23 Columbia, contributed to a total of 38,628
24 unique adult assessments.

1 You want me to keep reading?

2 Q. No. You can stop there.

3 Go to the first bullet point
4 that starts with "past 30 day."

5 A. You would like me to read that?

6 Q. Yes, please.

7 A. (Reading) Past 30-day abuse of
8 reformulated Opana ER was observed in 20
9 of the 31 states that contributed data to
10 the ASI-MV network tracking reformulated
11 Opana ER.

12 Q. Okay. Keep going.

13 A. (Reading) States within the
14 ASI-MV network that contributed to the
15 greatest number of reformulated ER abuses
16 cases included Tennessee, with N equaling
17 119, 58 percent.

18 Keep reading?

19 Q. No. That's enough. You can
20 stop right there.

21 So, this here indicates, this
22 paragraph that you just read, that 58
23 percent of the Opana ER abuse cases were
24 coming from the State of Tennessee,

1 according to this document.

2 Is that right?

3 A. Again, I wasn't at Endo, but I
4 see the words on the paper.

5 Q. Okay. In looking at that, the
6 next highest is North Carolina, and that
7 has 18 -- or, 8.8 percent.

8 You see where I'm at?

9 A. I see it.

10 Q. Okay. So, would you agree with
11 me that 58 percent is significantly higher
12 than 8.8 percent?

13 MR. STERN: Objection to the
14 form.

15 A. I don't know the backgrounds of
16 all the calculation here, but certainly 58
17 percent is higher than 8 percent, or 9
18 percent.

19 Q. Okay. And so you would agree
20 with me that, according to this document,
21 Tennessee was indicated as a flag for
22 abuse of reformulated Opana ER as early as
23 April of 2012?

24 MR. STERN: Objection to the

1 form and foundation.

2 A. Okay. I don't know what you
3 mean by flag, but clearly Tennessee is N
4 equaling 119 at 58 percent.

5 Q. And 58 percent is greater than
6 half of the abuse reports, right? 58
7 percent is greater than half?

8 A. 58 percent is greater than 50
9 percent.

10 Q. Okay. Great.

11 Okay. If you'll go to then with
12 me to page 54. On page 54, if you'll draw
13 your attention to figure 24, please.

14 A. I'm sorry, figure 24, yes.

15 Can I undo this? Is that okay?

16 Q. Yeah, sure. Yeah.

17 Okay. Looking at that figure,
18 what does it appear to be measuring?

19 MR. STERN: Objection; form and
20 foundation.

21 A. Okay. I see Tennessee and I see
22 all other ASI-MV states, quarterly
23 percentage of injection of reformulated
24 Opana ER reported by individuals within

1 the ASI-MV network in Tennessee and all
2 other states.

3 So it's a -- looks like it's a
4 comparison between Tennessee and all other
5 states.

6 Q. Okay. And looking down at it,
7 Tennessee is the darker of the two,
8 according to this graph.

9 Is that right?

10 A. I would assume that. It's a
11 little hard to read, but I assume that's
12 what it is.

13 Q. Okay. And when you see Quarter
14 2 for 2012, Quarter 3 for 2012 and Quarter
15 4 for 2012, in all of those, the graph,
16 the darker one for Tennessee, is much
17 higher than the combined number for all
18 other states.

19 Is that right?

20 A. I could see that it is -- that
21 Tennessee is greater than the other
22 states.

23 Q. Okay. So it's safe to say,
24 based on that information and the two

1 pages that we just looked at that, there
2 were certainly reports that Endo had
3 received that there was an Opana ER abuse
4 problem in Tennessee.

5 Is that right?

6 MR. STERN: Objection; form and
7 foundation as to --

8 A. Again, I don't -- wasn't there.
9 I don't know who wrote when -- I guess who
10 received this at Endo, but I can see that
11 Tennessee is greater than the other
12 states.

13 Q. Okay. And Endo kept shipping
14 Opana ER to Tennessee in 2012.

15 Is that right?

16 MR. STERN: Objection;
17 foundation.

18 A. I don't know what you mean by --

19 MR. STERN: Form.

20 I'm sorry. Go ahead.

21 THE WITNESS: I apologize.

22 A. Can you elaborate what do you
23 mean by Endo kept shipping Tennessee?

24 Q. Did Endo put any -- any measures

1 in place to prevent Opana from ending up
2 in Tennessee?

3 MR. STERN: In 2012?

4 MS. HERZFELD: In 2012.

5 MR. STERN: Objection; form and
6 foundation.

7 A. I wasn't there. I don't know
8 whether or not Endo put any measures in
9 place.

10 Q. But, to your knowledge, you
11 never heard of Endo putting any measures
12 in place to stop Opana from getting to
13 Tennessee?

14 MR. STERN: In 2012?

15 MS. HERZFELD: Ever.

16 A. As I said, I don't know whether
17 or not Endo -- I wasn't there at this
18 period of time. I don't know if Endo did
19 or did not put any measures in place.

20 Q. Okay. But my point is you
21 haven't heard of that?

22 A. I haven't heard of it. I'm
23 unaware of it.

24 Q. Okay. Great.

1 Okay. If you'll set that aside,
2 please.

3 A. Are we done with this document?

4 Q. Yes.

5 (Campanelli Exhibit 501,
6 document, was marked for
7 identification, as of this date.)

8 BY MS. HERZFELD:

9 Q. I'm going to hand you what we're
10 marking as Campanelli Exhibit 501.

11 A. Okay.

12 Q. For the record, it's
13 EPI_001760592 through '60680.

14 Sir, I've hand you what has --
15 what is titled the NAVIPPRO report for the
16 reporting period of January 1st, 2013
17 through March 31st, 2013, the first
18 quarter of 2013.

19 Do you see where it says that on
20 the first page?

21 A. I do.

22 Q. Okay. If you will take that,
23 please, and flip to page 7. Okay. And if
24 you could go down with me to where it says

1 "ASI-MV summary" to that first bullet
2 point, just as we looked at for the 2012
3 report. It starts with "Past 30 day
4 abuse."

5 Do you see where I'm at?

6 A. Yes.

7 Q. Could you read that for me,
8 please?

9 A. (Reading) Past 30 days abuse of
10 reformulated Opana ER was observed in 14
11 of the 33 states that contributed data to
12 the ASI-MV network tracking reformulated
13 Opana ER.

14 Q. Keep going.

15 A. (Reading) Of the total cases of
16 abuse N equals 125 reported during Q1 2013
17 65.6 percent N equals 82 were reported
18 from the State of Tennessee.

19 Q. You can stop there.

20 Okay. So, the next, if you read
21 the next sentence, it says that the next
22 highest one, the number of reported
23 instances is 11, where Tennessee is 125.

24 Is that right?

1 A. I see that.

2 Q. Okay. Now if you will switch
3 with me to page 39.

4 A. Okay.

5 Q. Okay. And if you will start
6 with the second sentence on page 39 that
7 starts with "Overall." It's its third
8 line down.

9 A. (Reading) Overall prescription
10 opioid abuse, as well as abuse of
11 reformulated Opana ER, is higher in
12 Tennessee relative to other states within
13 the ASI-MV network.

14 Q. Okay. You can stop there.
15 And then look figure 14 for me,
16 please. Figure 14 then again shows
17 Tennessee separated from all other states.

18 Is that right?

19 A. I see that.

20 Q. And Tennessee is the dark
21 number, or the dark graph in the middle.

22 Is that right?

23 A. I see it.

24 Q. And for injection it's higher

1 than all other states combined.

2 Is that right?

3 A. Yes, I see that.

4 Q. Okay. And for snorting, it's
5 almost equal.

6 Is that right?

7 A. About.

8 Q. Okay. So, looking at these
9 three things that we just talked about in
10 this third -- in this report for the first
11 quarter of 2013, you would agree with me
12 that Tennessee had an issue with Opana ER
13 abuse; would you not?

14 MR. STERN: Objection to the
15 form of the question.

16 A. I don't know if this is showing
17 abuse.

18 Q. Okay. What do you think it's
19 showing?

20 MR. STERN: I instruct the
21 witness not to speculate.

22 BY MS. HERZFELD:

23 Q. Well, let's go back to page 7.

24 That first bullet point that you

1 read on page 7: Past 30 days abuse of
2 reformulated Opana ER was observed in 14
3 of the 33 states that contributed data to
4 the ASI-MV network tracking reformulated
5 Opana ER. Of the total cases of abuse
6 reported during Quarter 1 2013, 65.6
7 percent were reported from the State of
8 Tennessee.

9 Did I read that correctly, sir?

10 A. You did.

11 Q. Okay. And, so, my question was
12 in this document, 2013 first quarter does
13 it show that Tennessee had a problem with
14 abuse of Opana ER?

15 MR. STERN: Objection to the
16 form of the question.

17 A. Okay. Referring back to figure
18 14?

19 Q. What is your question?

20 A. Did you want me to refer back to
21 figure 14?

22 Q. You can refer to figure 14 or
23 you can refer to what we just read in page
24 7.

1 A. Okay. On page 7 in the
2 executive summary it states that there is
3 an issue in -- in Tennessee.

4 Q. Okay. Thank you, sir.

5 And to your knowledge, Opana
6 continued to ship into Tennessee in 2013.

7 Is that right?

8 MR. STERN: Objection; form and
9 foundation.

10 A. I wasn't employed at Endo, so I
11 don't have any knowledge.

12 Q. But you don't have any knowledge
13 of any efforts that were ever put in place
14 to stop the shipment of Opana into the
15 State of Tennessee.

16 MR. STERN: Objection; form and
17 foundation.

18 Q. Is that correct?

19 MS. HERZFELD: Can I finish my
20 question before you object?

21 MR. STERN: Sure.

22 MS. HERZFELD: Thank you.

23 A. Again, I wasn't employed. I
24 don't know what Endo did or did not do

1 with respect to the State of Tennessee.

2 Q. But you never heard of them
3 stopping shipment of Opana into the State
4 of Tennessee during your tenure.

5 Is that right, sir?

6 A. I never --

7 MR. STERN: Objection; form and
8 foundation.

9 A. I never heard of it, as I was
10 not employed.

11 Q. Okay. I'm going to hand you
12 what we will mark as Campanelli
13 Exhibit 502.

14 (Campanelli Exhibit 502,
15 document, was marked for
16 identification, as of this date.)

17 BY MS. HERZFELD:

18 Q. Sir, I've handed you what is the
19 NAVIPPRO report for the second quarter of
20 2014 for Opana.

21 Do you see where it says that?

22 A. Yes, I see it.

23 Q. Okay. If you could turn with me
24 to page 41.

1 For the record, this is
2 ENDO_OPIOID_MDL-01459827 through '59911.

3 Are you on page 41, sir?

4 A. Yes.

5 Q. Okay. Are you looking at figure
6 16?

7 A. Yes.

8 Q. Okay. And figure 16, could you
9 please read what the title is?

10 A. Figure 16 dis -- the title?

11 Q. The description of figure 16.

12 A. Thank you.

13 (Reading) Distribution of routes
14 of administration reported by individuals
15 within the ASI-MV network in Tennessee and
16 other states who indicated past 30 days
17 abuse of reformulated Opana ER with a date
18 of Q -- of the date of April 1st, 2014
19 through June 30th, 2014.

20 Q. Okay. And, so, again this chart
21 shows Tennessee separated from all other
22 states.

23 Is that right?

24 A. Yes.

1 Q. Okay. And in this chart,
2 Tennessee is the lightest number. Is
3 that -- or, the lightest color.

4 Is that right?

5 A. It is the lighter shade.

6 Q. And looking at injection, it's
7 higher than the others in the graph.

8 Is that right?

9 A. I see that it's -- it is higher
10 than the others.

11 Q. Okay. And, so, looking at this,
12 76.7 percent of the injection abuse of
13 Opana is in Tennessee. In all other
14 states combined is 54.3 percent.

15 Is that right?

16 MR. STERN: Objection; form and
17 foundation and characterization of the
18 document.

19 A. Okay. Could you ask the
20 question again?

21 Q. Sure. Looking at see where it
22 says "injection"?

23 A. Yes.

24 Q. And there's three bars there,

1 right?

2 A. I see it.

3 Q. And the lightest bar there is
4 Tennessee.

5 Is that right?

6 A. Correct.

7 Q. Okay. And the lightest bar in
8 Tennessee is the highest of the three bars
9 there.

10 Is that correct?

11 A. That's correct.

12 Q. And the other things that are
13 being measured here are all ASI-MV states
14 and other states.

15 Is that correct?

16 A. Correct.

17 Q. Okay. And the light bar for
18 Tennessee is higher than all ASI-MV states
19 and all other states.

20 Is that right?

21 A. That's correct.

22 Q. Okay. So, Tennessee's injection
23 abuse rate for Opana was higher than all
24 other states combined?

1 MR. STERN: Objection; form and
2 foundation.

3 A. Based upon the heading here,
4 that's what it would imply.

5 Q. Okay. Thank you, sir.

6 And despite this, Opana was
7 still being shipped into Tennessee, to
8 your knowledge.

9 Is that right, sir?

10 MR. STERN: Objection; form and
11 foundation.

12 A. As I said, I was not at Endo. I
13 don't have knowledge whether or not Endo
14 shipped into the State of Tennessee at
15 this point in time.

16 Q. But you don't know that Endo did
17 anything to stop the shipment of Opana
18 into Tennessee.

19 Is that right, sir?

20 A. As I said, I was not part of
21 Endo. I do not know what -- what Endo
22 would have done during this time.

23 Q. Okay. But during that period of
24 time, you were at Par.

1 Is that right?

2 A. In 2014?

3 Q. Yes, sir.

4 A. Yes.

5 Q. Okay. And, so, during your time
6 at Par Pharmaceuticals, you went through
7 that there was a portfolio of opioid,
8 generic opioid drugs that were sold
9 through Par Pharmaceuticals.

10 Is that right?

11 A. We had a few.

12 Q. Okay. And, was there ever, at
13 your time at Par, any direction to make
14 sure that opioid prescriptions were not
15 getting shipped to Tennessee?

16 A. That's not the way generics
17 are -- are sold. We sell through
18 wholesalers.

19 Q. Okay. And, did you ever have
20 any sort of a discussion with any
21 wholesalers about Hey, there looks like
22 there's an opioid abuse problem in
23 Tennessee. We want to limit our shipment
24 of Par opioid pharmaceuticals to

1 Tennessee?

2 A. To the best of my knowledge,
3 that type of conversation would not have
4 occurred.

5 We would have shipped to
6 wholesalers based upon their purchase
7 order requirements.

8 Q. Okay. And, did you -- when you
9 were at Par Pharmaceuticals, did you ever
10 hear the term "knowing your customer's
11 customer"?

12 A. At some point I was aware that
13 term. I'm not sure what the exact period
14 of time is.

15 Q. Okay. And that was during your
16 time at Par Pharmaceuticals.

17 Is that right?

18 A. I think so.

19 Q. Okay. And knowing your
20 customer's customer means not just knowing
21 who your wholesaler is, but also knowing
22 who it is your wholesaler is selling to.

23 Is that right?

24 A. I think it has to do with

1 knowing your wholesaler's direct DC and
2 its subsidiary DCs.

3 Q. Okay. And at Par
4 Pharmaceuticals when you were working in
5 the generics, you also knew that as a
6 manufacturer, the DEA required you to at
7 least have some communication with your
8 distributors about abuse and diversion
9 detection.

10 Is that right?

11 MR. STERN: Objection; form and
12 foundation; calls for a legal
13 conclusion.

14 A. I don't have an answer to that.
15 I'd be leaving that to the individuals
16 responsible for that at Par.

17 Q. Okay. And, so, as part of
18 knowing your customer's customer, did you
19 ever have a discussion with anyone at Par
20 about generic opioids going to Tennessee
21 in any way?

22 A. I would not have had that
23 conversation.

24 Q. Okay. I'm going to hand you

1 what we will mark as Campanelli
2 Exhibit 503.

3 (Campanelli Exhibit 503,
4 document, was marked for
5 identification, as of this date.)

6 BY MS. HERZFELD:

7 Q. I'll submit to you, sir, that
8 this is the second quarter 2015 NAVIPPRO
9 report that was provided to Endo it looks
10 like the -- looks like the Bates numbers
11 are cut off the bottom of my copy.
12 However, I'll submit to you that that's
13 what it is.

14 Do you see that on the front?

15 A. I'm sorry. What's your
16 question?

17 Q. Does it look to you to be the
18 NAVIPPRO report from the second quarter of
19 2015?

20 MR. STERN: Objection; form and
21 foundation.

22 A. I see the reporting period
23 starting in April.

24 Q. Of 2015?

1 A. Correct.

2 Q. Okay. Good.

3 So, if you will then go with me
4 to page 9.

5 A. Okay.

6 Q. Okay. And if you will go to the
7 second bullet point on page 9.

8 A. Okay.

9 Q. If you'll start about halfway
10 through that paragraph the one that starts
11 with "Further review."

12 Do you see where I'm at?

13 A. Yes.

14 Q. The one that starts with
15 "Demographically." If you could start at
16 "Further review."

17 A. (Reading) Further review of
18 route of administration data during Q2
19 2015 indicates that a greater percentage
20 of the past 30 day abusers of reformulated
21 Opana ER in Tennessee reported injections
22 76.9 percent versus past 30 day abusers of
23 products in all states except Tennessee
24 54.3 percent.

1 Q. Okay. You can stop there for
2 me, please.

3 Okay. And if you could go to
4 page 43. Figure 15.

5 Figure 15 describes the
6 distribution of routes of administration
7 reported by individuals within the ASI-MV
8 network in Tennessee and other states who
9 indicated past 30 days abuse of
10 reformulated Opana ER.

11 Is that correct?

12 A. Yes.

13 Q. Okay. And here Tennessee is
14 also viewed separately from the rest of
15 the country.

16 Is that right?

17 MR. STERN: Objection to the
18 form; foundation.

19 A. I see Tennessee is separated
20 out.

21 Q. Okay.

22 Okay. So, we've looked at a few
23 of these now, and every time Tennessee is
24 always marked in these reports that Endo

1 was receiving as being dramatically
2 different from every other state for IV
3 injection of Opana.

4 Is that right?

5 MR. STERN: Objection to the
6 form and foundation.

7 A. I see that Tennessee has a
8 higher rate.

9 Q. Okay. And that's consistent
10 throughout all the NAVIPPRO reports that
11 we've looked at 2012 through 2015.

12 Is that correct?

13 A. That's correct.

14 Q. Okay. And then, you joined Endo
15 in 2016.

16 Is that correct?

17 A. I joined Endo in September 2015.

18 Q. September 2015?

19 A. Correct.

20 Q. Okay. So you certainly would be
21 familiar then with what was going on at
22 Endo in 2016, yes, sir?

23 MR. STERN: Objection to the
24 form of the question.

1 A. 2015 I was aware of the generic
2 aspect of what was going on at Endo.

3 Q. Okay. But in 2016, you started
4 your current position at Endo.

5 Is that --

6 A. In September of 2016 I would
7 have become aware.

8 Q. Okay. So, I'm going to hand you
9 what we'll mark as Campanelli Exhibit 504.

10 A. Okay.

11 (Campanelli Exhibit 504,
12 document, was marked for
13 identification, as of this date.)

14 BY MS. HERZFELD:

15 Q. Okay. And, so, this NAVIPPRO
16 report is dated the second quarter of
17 2016, April 1st, 2016 through June 30th,
18 2016.

19 Did I read that correctly?

20 A. Yes.

21 Q. Okay. And it was issued
22 8/19/2016.

23 Is that right?

24 A. That's correct.

1 Q. Okay. And that would have been
2 right before you started.

3 Is that right?

4 A. That would have been before I
5 became the CEO of Endo.

6 Q. Correct.

7 Okay. Because you became the
8 CEO of Endo one month later?

9 A. Correct.

10 Q. Okay. So, looking at this
11 report, if you will go with me to page 8.

12 Is that right?

13 Sorry. If you'll go to page 8
14 for me, please.

15 A. Okay.

16 Q. Okay. And if you could go down
17 for me to the one, two, three, fourth
18 bullet point.

19 A. Okay.

20 Q. And read that first sentence for
21 me.

22 A. (Reading) Further review of
23 route of administration data during Q2
24 2016 indicates that a greater percentage

1 of past 30 day abusers of reformulated
2 Opana ER in Tennessee reported injection
3 74.7 percent versus past 30 day abusers of
4 the product in all states except Tennessee
5 42.9 percent.

6 Q. Okay. You can stop there for
7 me.

8 Then if you'll go to page 44.
9 Look at figure 30.

10 Okay. And figure -- are you
11 with me?

12 A. Yes.

13 Q. Okay. And figure 30 is:
14 Distribution of routes of administration
15 reported by individuals within the ASI-MV
16 network in Tennessee and other states who
17 indicated past 30 day abuse of
18 reformulated Opana ER.

19 Did I read that correctly?

20 A. You did.

21 Q. Okay. And Tennessee is
22 separated out from the other states in
23 this chart.

24 Is that correct?

1 A. Yes, it is.

2 Q. Okay. I'm looking at the
3 injection rates here. According to this
4 chart, Tennessee has the lightest number
5 in this chart, or the lightest color in
6 this chart.

7 Is that correct?

8 A. Yes.

9 Q. Okay. And so, looking at
10 injection, Tennessee again has the highest
11 bar.

12 Is that right?

13 A. Correct.

14 Q. Okay. And looking at snorting,
15 Tennessee has the highest bar.

16 Is that correct?

17 A. That's correct.

18 Q. Okay. And, so, this chart,
19 according to this chart, it would indicate
20 that Tennessee has a higher injection and
21 snorting rate than the rest of the other
22 states?

23 A. It indicates and clearly a
24 change in snorting.

1 Q. Okay. And that change is that
2 it went up.

3 Is that correct?

4 A. That's what it appears to be
5 versus the other quarters.

6 Q. Okay. Then if you'll switch
7 with me to page 48.

8 I'm sorry. If you could go to
9 page 45.

10 A. Okay.

11 Q. Okay. And then it says here in
12 the second full paragraph, the one that
13 starts with "Data."

14 A. Okay.

15 Q. If you could go to the sentence
16 that starts with "It is important." If
17 you could read that out loud for me,
18 please, the next two sentences.

19 A. Okay.

20 (Reading) It is important to
21 note that the number of prescriptions
22 dispensed within a geographic region is
23 related to a product's potential diversion
24 and abuse.

1 Q. Okay. And the next sentence?

2 A. (Reading) When considering the
3 proportion of prescriptions dispensed for
4 reformulated Opana ER during Q2 2016 per
5 population, the level of prescriptions
6 dispensed for the product in Tennessee
7 147.07 prescriptions per hundred thousand
8 population is among the highest for states
9 within the ASI-MV network.

10 Q. Okay. You can stop there.

11 And, Tennessee was also a high
12 state for sales for Opana ER.

13 Is that correct?

14 A. I don't know the answer to that.

15 Q. Okay. If you'll switch with me
16 to page 48.

17 A. Okay.

18 Q. Okay. It's under "Source of
19 Procurement."

20 Do you see that heading?

21 A. Yes.

22 Q. Okay. If you'll go down to
23 "More specifically" and start reading
24 there for me, please.

1 A. (Reading) More specifically,
2 individuals who reported past 30 day abuse
3 of reformulated Opana ER most frequently
4 obtained the product from a dealer, 59.2
5 percent, followed by a family member or
6 friend, 35 percent, and other source, 14.2
7 percent.

8 Q. And the next sentence.

9 A. (Reading) Additionally, five
10 individuals reported they acquired
11 reformulated Opana ER via their own
12 prescription, 4.2 percent, and two via
13 stealing, 1.7 percent.

14 Q. Okay. And, so, that shows
15 specifically that 59.2 percent of
16 individuals that were abusing Opana ER got
17 their Opana ER from a dealer, meaning a
18 drug dealer.

19 Is that right, sir?

20 A. I'm assuming that's what it
21 means.

22 Q. And only 4.2 percent got them
23 via their own prescriptions.

24 Is that right?

1 A. That's what the words say.

2 Q. Okay. So if it says only 4.2
3 got their Opana ER from their own
4 prescriptions, everybody else got it
5 illegally.

6 Is that right?

7 A. I don't know if that's what this
8 says.

9 Q. Okay. Well, how can you get
10 Opana if you don't have your own
11 prescription legally? Do you know?

12 A. No, I don't know.

13 Q. Okay. And, so, legally you know
14 if you have a prescription for Opana you
15 can obtain it that way legally.

16 Is that correct?

17 A. Okay. I don't know what the
18 legal meaning of a family member or a
19 friend. I don't know if that's an illegal
20 term. So forgive me for that.

21 Q. Okay. And that's fine, family
22 member or friend, if you don't know what
23 those mean.

24 But otherwise, a dealer, let's

1 just start with a dealer. 59.2 percent of
2 those drugs had being bought illegally.

3 Is that right?

4 MR. STERN: Objection; form and
5 foundation.

6 A. I would agree that a dealer is
7 legal.

8 MR. STERN: Can you just bear
9 with me one minute, Ms. Herzfeld?

10 Which exhibit are we on?

11 MS. HERZFELD: Page 48.

12 MR. STERN: Of which? Of 504?

13 MS. HERZFELD: Of 504.

14 MR. STERN: Sorry. Go ahead.

15 BY MS. HERZFELD:

16 Q. So, back to the dealer statistic
17 that we were looking at.

18 That statistic there
19 demonstrates that there is indeed an
20 illegal drug market for Opana ER.

21 Is that right?

22 A. I wasn't responsible -- I'm not
23 sure what this means.

24 Q. Okay. And there was an illegal

1 drug market for Opana ER in Tennessee.

2 Is that right?

3 A. I don't know if there was or was
4 not.

5 Q. Okay. If people are injecting
6 Opana via IV, is that typically what
7 someone does when they get a prescription
8 from their doctor?

9 A. No.

10 Q. Okay. So, you would agree that
11 that is an abuse of the product.

12 Is that right?

13 A. I would agree that's an abuse
14 and a misuse of Opana.

15 Q. Okay. And, so, if you are
16 abusing and misusing Opana by injecting it
17 via IV, you didn't get it, you didn't get
18 your Opana by a doctor via a prescription?

19 MR. STERN: Objection;
20 foundation.

21 BY MS. HERZFELD:

22 Q. And you didn't get it from your
23 doctor from prescription. This indicates
24 here 59.2 percent get it from a dealer,

1 that would indicate people who were
2 injecting it are likely getting it from a
3 dealer.

4 Is that right?

5 MR. STERN: Objection to the
6 foundation.

7 A. I see the words "dealer" in this
8 document. That I agree with.

9 Q. Okay. And you know that
10 Tennessee has a high IV injection rate for
11 Opana through all the documents we've just
12 gone through.

13 Is that right?

14 A. I've seen that.

15 Q. Okay. And you would agree with
16 me people who don't -- people who are
17 injecting Opana intravenously are not
18 taking it in a way that would be
19 prescribed by a doctor?

20 A. I would agree with that.

21 Q. Okay. And you would agree with
22 me that if you're injecting Opana
23 intravenously, that's not an approved use
24 for the drug?

1 A. That is -- that is a -- an abuse
2 and a misuse way to use the drug.

3 Q. Okay. And people who abuse and
4 misuse drugs, as we see here
5 statistically, mostly buy them from the
6 street?

7 MR. STERN: Objection;
8 foundation.

9 BY MS. HERZFELD:

10 Q. Looking here it says: Opana ER
11 most frequently obtained the product from
12 a dealer.

13 A. Okay. Okay. You flipped
14 between dealer and street. So I'm not
15 sure what you want me to respond.

16 Q. We'll start again.

17 So, here it says, going back to
18 source of procurement on page 48: More
19 specifically, individuals who reported
20 past 30 day abuse of reformulated Opana ER
21 most frequently obtained the product from
22 a dealer.

23 Did I read that correctly?

24 A. Yes, you did.

1 Q. Okay. And we know that the
2 highest form of abuse in Tennessee was
3 through intravenous use.

4 Is that correct?

5 A. That's what the graphs are
6 showing.

7 Q. Okay. Very good.

8 Endo wasn't required to sell
9 pills that make it to Tennessee.

10 Is that correct?

11 A. I'm sorry?

12 MR. STERN: Objection to the
13 form and foundation.

14 BY MS. HERZFELD:

15 Q. Endo isn't required to sell
16 Opana pills that make it to Tennessee.

17 Is that right?

18 MR. STERN: Objection to form
19 and foundation.

20 A. We don't sell Opana to Tennessee
21 today.

22 Q. Ever.

23 Were you ever required to make
24 sure that your product made it into

1 Tennessee?

2 MR. STERN: Objection to form
3 and foundation.

4 A. I don't know the distribution
5 outlet on what Endo did into Tennessee
6 specifically.

7 Q. Okay. But you know who was
8 buying the product.

9 Is that right?

10 MR. STERN: Objection to the
11 form.

12 A. We know our customer.

13 Q. Okay. And, who is your
14 customer?

15 A. At this particular -- what
16 particular time?

17 Q. Your customer for Opana from
18 2012 to 2017 when it was pulled from the
19 market.

20 A. I don't know up until -- I do
21 not know specifically up until the
22 September 2016 time frame what Endo did.

23 When I stepped into the
24 position, to the best of my knowledge, the

1 distribution outlet for Opana would go
2 through the wholesalers.

3 Q. Okay. But from the wholesalers
4 you knew, via IMS Health data, who it is
5 that was receiving your drugs ultimately.

6 Is that right?

7 MR. STERN: Objection to the
8 form of the question and foundation.

9 A. I don't know the specific data
10 that -- that Endo acquired from IMS.

11 I do know that -- that we sell,
12 or sold Opana to wholesalers.

13 Q. Okay. And you knew that that
14 Opana was ending up in the state of
15 Tennessee.

16 Is that right?

17 A. Presumably, of course it would
18 get there. I don't know how the specific
19 distribution channel would go once it went
20 to a wholesaler. That would be their
21 responsibility.

22 Q. Well, sir, you were tracking
23 where your product was going; were you
24 not?

1 A. We were tracking our customer.

2 Q. You were tracking Opana going
3 into the state of Tennessee; were you not?

4 MR. STERN: Objection; form and
5 foundation. Time frame.

6 A. What time frame?

7 Q. From the period of time that you
8 started as in your current position.

9 A. When I started, we almost
10 immediately withdrew the product from the
11 market.

12 Q. But you didn't actually almost
13 immediately withdraw it from the market.

14 You started, when, September
15 2016. That's what you said, right?

16 A. September 23rd, 2016.

17 Q. And yet the product wasn't
18 actually withdrawn from the market until
19 the following year.

20 Isn't that right?

21 A. It was withdrawn in -- in -- in
22 June of 2017.

23 Q. And then the distribution was to
24 end in September 2017.

1 Isn't that correct?

2 A. Now it's at the wholesaler.

3 Q. Okay. So a year after you took
4 over, it took a year before the product
5 was pulled from the market?

6 A. The agreement with the FDA was
7 there was a voluntarily -- a voluntary
8 withdrawal from the market. The FDA gave
9 us a period to -- to sell and distribute
10 to wholesalers. At that point in time,
11 the FDA did not put a limitation, to the
12 best of my knowledge, as to when a
13 wholesaler had to stop selling the
14 product.

15 Q. But, sir, my question is it was
16 a full year from the time that you started
17 until Opana made it off the market.

18 Is that right?

19 MR. STERN: Objection to the
20 form of the question.

21 A. I don't know when the product
22 exited the market. What I do know is we
23 stopped selling in June -- I believe it
24 was -- I'm sorry. We stopped selling in

1 September of 2017.

2 Q. Okay. And you began your
3 employment in September 2016?

4 A. Correct.

5 Q. Okay. Okay. I'm going to hand
6 you what we will mark as Campanelli
7 Exhibit 505.

8 (Campanelli Exhibit 505, e-mail,
9 was marked for identification, as of
10 this date.)

11 BY MS. HERZFELD:

12 Q. This is ENDO_OPIOID_MDL-02667006
13 and '7007.

14 Sir, there was a time when Endo
15 considered not shipping Opana to
16 Tennessee.

17 Is that correct?

18 MR. STERN: Objection;
19 foundation; form.

20 A. I don't know that.

21 Q. Okay. If you'll go ahead and
22 take a look at this e-mail reading from
23 the bottom up.

24 A. (Perusing document.)

1 Q. Sir, who is Brian Lortie?

2 A. Brian Lortie was the president
3 of the branded portion of Endo.

4 Q. Okay. And, who is Jason
5 Reckner?

6 A. I don't know.

7 Q. Okay. And here this is an
8 e-mail from Brian Lortie to Jason Reckner
9 dated November 13th, 2014.

10 Is that right?

11 A. Yes, I see it.

12 Q. Okay. And it says: Jason.
13 Just make sure that you will take the lead
14 on the Tennessee Opana actions from
15 yesterday's review. Tennessee
16 distribution/RXs in specific area. What
17 if we closed off distribution there?
18 Impact on sales? What did Purdue do and
19 how? (Brian Munroe can provide assistance
20 on this one through his contacts.)

21 Did I read that correctly?

22 A. Yeah.

23 Q. Okay. And, so, does this e-mail
24 indicate that there was a discussion about

1 closing off distribution of Opana to
2 Tennessee?

3 A. That's what the words on the
4 document say.

5 Q. Okay. Then Brian responds to
6 Jason Reckner talking about closing off
7 distribution to -- of Opana ER to
8 Tennessee.

9 Is that right?

10 A. Those are the words.

11 Q. Okay. And, so, looking at this,
12 according to this document, it was
13 discussed and considered within Endo that
14 they would stop distributing Opana ER to
15 Tennessee.

16 Is that what this document
17 indicates?

18 MR. STERN: Objection to form
19 and foundation; document speaks for
20 itself.

21 A. The words on the document would
22 imply that.

23 Q. Okay. And, so, do you know
24 who -- if that decision was ever followed

1 through on?

2 A. I don't know.

3 Q. Okay. Do you know who would
4 have been responsible for making that
5 decision?

6 A. Ultimately I see Brian Lortie as
7 the president and Rajiv deSilva as the
8 CEO.

9 Q. Okay. And since the time that
10 you've been in your current position with
11 Endo, has anyone ever discussed with you
12 on suspending or stopping distribution of
13 Opana ER to Tennessee?

14 A. I don't recall -- I don't
15 recollect that conversation happening.

16 Q. Okay. And, so, there was a
17 conversation that occurred back in 2014
18 about stopping distribution of Opana ER to
19 Tennessee, and to your knowledge, that
20 never occurred.

21 Is that right?

22 A. I don't know what would have
23 occurred or not. I see the words on the
24 document that's dated November 2014.

1 Q. Okay. And you revisited that
2 decision when you became the CEO of Endo?

3 A. I don't recall.

4 Q. You don't recall or you did not?

5 A. I don't recall if we had that
6 conversation 'cause we knew that we were
7 going to withdraw the product.

8 Q. Okay. So, it remained an
9 option, at least for that year while the
10 product was still on the market and you
11 were the CEO, that distribution could have
12 stopped in Tennessee.

13 Is that right?

14 MR. STERN: Objection to the
15 form of the question.

16 A. Okay. I was the CEO in
17 September of 2016. We had an ADCOM in
18 March, and we made a decision to
19 voluntarily withdraw the market from every
20 component of distribution in -- by
21 September of 2017.

22 Q. I understand that, sir.

23 But during that period of time,
24 it was possible to stop distribution to

1 Tennessee; was it not?

2 MR. STERN: Objection to the
3 form of the question.

4 A. It would -- it would -- it would
5 have been possible. I don't know if we
6 were distributing specifically into
7 Tennessee at that period of time.

8 Q. Okay. But if you were, it was
9 possible to stop.

10 Is that right?

11 MR. STERN: Objection to the
12 form of the question.

13 A. At that point in time, I don't
14 know if we were selling into Tennessee or
15 not.

16 Q. Okay. Do you know how -- have
17 you ever heard of neonatal abstinence
18 syndrome?

19 A. No.

20 Q. Okay. Have you heard of babies
21 being born dependent on opioids?

22 A. Yes.

23 Q. Do you know how many babies were
24 born dependent on opioids in Tennessee

1 during that period of time when you became
2 the CEO before the product was ultimately
3 pulled?

4 A. No.

5 MR. STERN: Objection to
6 foundation.

7 A. I do not know.

8 Q. Okay. Do you know how many
9 people overdosed on opioid products in
10 Tennessee during that period of time from
11 the time you became CEO until it was
12 ultimately withdrawn from the market?

13 MR. STERN: Objection to the
14 form.

15 A. I don't know, but if it's one,
16 it's one too many.

17 Q. Okay. Why was the decision made
18 not to suspend or stop shipping Opana ER
19 to Tennessee?

20 MR. STERN: Objection;
21 mischaracterizes testimony; form and
22 foundation.

23 A. What period of time?

24 Q. Any period of time.

1 A. I don't know. I can't answer
2 that question before my -- before my role
3 as CEO.

4 Q. Okay. What about during your
5 role as CEO?

6 A. As I said, we went to the
7 advisory committee meeting in March, and
8 we ultimately made the decision in June to
9 voluntarily withdraw it. So we withdrew
10 from every state in the United States.

11 Q. But you didn't do anything
12 specific for Tennessee before that time;
13 did you?

14 A. I don't recall whether or not we
15 made any decision specific to Tennessee.
16 I don't think I was looking at Tennessee
17 as an isolated state. We're looking at
18 the entire country at this point in time.

19 Q. Okay. But the NAVIPPRO was
20 definitely looking at Tennessee as an
21 isolated state; was it not?

22 MR. STERN: Objection to the
23 form of the question.

24 A. The data that you showed me

1 certainly indicated Tennessee was -- was
2 isolated.

3 I'm saying when we made our
4 decision, we were looking at the United
5 States, not just Tennessee.

6 Q. I see.

7 Okay. Thank you, sir. You can
8 set that aside.

9 Sir, do you know if there are
10 any characteristics that place a certain
11 geographic area at greater risk for abuse
12 and diversion of opioids?

13 MR. STERN: Objection to the
14 form of the question; foundation.

15 A. I'm not sure I understand your
16 question.

17 Q. Sure.

18 Do you know, from your knowledge
19 in the opioid industry, if there are
20 certain geographic or demographic
21 characteristics that can make a particular
22 area more susceptible to opioid abuse?

23 MR. STERN: Objection; form and
24 foundation.

1 A. No, I do not know.

2 Q. Okay. And, you attended the
3 March 2017 ADCOM meeting?

4 A. I did not.

5 Q. You did not?

6 A. No, I did not.

7 Q. Okay. Did -- do you know who
8 from Endo did attend?

9 A. I -- I -- I know several people
10 would have.

11 Q. Okay. Did you ever review the
12 materials that were presented at the March
13 2017 ADCOM meeting?

14 A. I would have received a copy.

15 Q. Okay.

16 MS. HERZFELD: I'm going to mark
17 this as Endo Exhibit 50 -- or,
18 Campanelli Exhibit 506.

19 (Campanelli Exhibit 506,
20 document, was marked for
21 identification, as of this date.)

22 BY MS. HERZFELD:

23 Q. Okay. Sir, if you'll take a
24 look at this, it's the slide deck from the

1 March 13th, 2007 ADCOM meeting. If I can
2 draw your attention all the way to the
3 back to the slide that in the corner is
4 marked VR 143 and SR 4.

5 MR. STERN: Paul, right near the
6 end.

7 THE WITNESS: I'm getting there.
8 I'm going to switch with you,
9 Jon, 'cause I don't do this as quickly
10 as you are.

11 MS. HERZFELD: Very good.

12 BY MS. HERZFELD:

13 Q. So, the one that's marked VR 143
14 in the corner, do you see that?

15 A. Yes.

16 Q. Okay. And the title is
17 "NAVIPPRO distribution of Opana ER abuse
18 cases ASI-MV assessments and number of
19 opioid prescriptions by state."

20 Did I read that correctly?

21 A. Yes.

22 Q. Okay. And, what are the two
23 states that are on this slide?

24 A. Tennessee and North Carolina.

1 Q. Okay. And if you'll look at the
2 opioid prescriptions for Tennessee, what
3 is the number?

4 A. 19,281,864.

5 Q. And then if you look down at the
6 bottom Opana ER abuse case percentage
7 total, what percentage does Tennessee hold
8 in that space?

9 A. 74.6 percent.

10 Q. And North Carolina, conversely,
11 what percentage does it have for Opana ER
12 abuse cases?

13 A. 4.8 percent.

14 Q. Okay. And if you'll switch with
15 me then to the next page that's marked
16 SR 4. If you could read the title for me
17 there.

18 A. "Why Tennessee experience is an
19 anomaly and not a sentinel occurrence."

20 Q. Okay. If you'll read the
21 next -- the first bullet point for me,
22 please.

23 A. (Reading) IV abuse of nearly all
24 opioids very high for some time without

1 appreciable spread.

2 Q. And the next one?

3 A. (Reading) Very particular abuse
4 ecology. Complicated set of factors.

5 Q. Okay. And the next one.

6 A. (Reading) Pockets of increased
7 IV drug use occurring in other locations
8 around the country have not led to Opana
9 singles.

10 Q. Okay. And, so, what was meant
11 by very particular abuse ecology?

12 A. I don't know.

13 Q. Do you know what the complicated
14 set of factors that made Tennessee stand
15 out so much for Opana ER abuse were?

16 A. I do not know.

17 Q. Did you ever have any
18 discussions with anyone on your staff
19 about trying to determine what the
20 particular issues were for Opana abuse in
21 Tennessee?

22 A. No.

23 At this point in time, I'm about
24 four months on the job.

1 Q. Okay. But at four months on the
2 job, Tennessee had already come up as
3 being like Hello, Tennessee. Right?

4 Every single thing has Tennessee
5 separate.

6 Isn't that right?

7 A. The documents that you showed me
8 has Tennessee tied back to them, yes.

9 Q. Okay. And here in the ADCOM
10 meeting they're talking specifically about
11 Tennessee, yes?

12 A. Yes.

13 Q. Okay. And Tennessee is being
14 raised as a flag at the ADCOM meeting.

15 Is that right?

16 A. I see Tennessee as being --
17 is -- is -- is being pointed out, yes.

18 Q. Okay. But you didn't have any
19 discussions with your staff about the
20 Tennessee Opana abuse problem?

21 A. Discussions were about Opana in
22 the country, the entire United States.

23 Q. Okay. So you didn't have any
24 specific conversations about the Opana

1 abuse problem in Tennessee?

2 A. Not specific to Tennessee.

3 Q. Okay. Great. You can set that
4 aside for me, please.

5 MS. HERZFELD: Okay. And I'm on
6 my last one, for anybody trying to
7 figure out travel plans.

8 Q. Okay. I'm going to hand you
9 what we've marked as Campanelli Exhibit
10 507.

11 (Campanelli Exhibit 507, e-mail,
12 was marked for identification, as of
13 this date.)

14 BY MS. HERZFELD:

15 Q. And for the record, it's
16 ENDO_OPIOID_MDL-01848038. It's one-page
17 document.

18 Take a look at this for me, sir.
19 I'll give you a moment to review it.

20 A. (Perusing document.)

21 MR. STERN: I'm sorry. What
22 number is this? 506?

23 Paul?

24 MS. HERZFELD: 507.

1 MR. STERN: 507. Thank you.

2 BY MS. HERZFELD:

3 Q. Have you had an opportunity to
4 review it, sir?

5 A. Yes.

6 Q. Okay. Is this an e-mail that
7 was sent from you to Tara Chapman dated
8 March 23rd, 2017?

9 A. Yes.

10 Q. Okay. And the e-mail that
11 you're sending from you to Tara Chapman
12 is -- looks like an e-mail from the bottom
13 that has to do with an e-mail Tara had
14 sent to Swati Patwardhan.

15 Did I say that correctly? I'm
16 sure I didn't.

17 A. I think you did.

18 Q. Really? Great.

19 Okay. And, who is Swati
20 Patwardhan?

21 A. I believe she was a project
22 manager at the FDA.

23 Q. Okay. And, so, here in the text
24 of this e-mail, if you'll go down with me

1 to where you've got, like, under the
2 bullet points there the sentence that
3 starts with "Additionally."

4 Could you read there for me,
5 please?

6 A. Where it says "additional
7 components"?

8 Q. "Additionally as mentioned."

9 A. (Reading) Additionally as
10 mentioned during our presentation, Endo is
11 also working on an ethnographic study in
12 Tennessee and also commits to continue to
13 follow the RADARS and NAVIPPRO
14 surveillance data.

15 Q. Okay. Great.

16 Do you know if that ethnographic
17 study in Tennessee was ever completed?

18 A. I don't remember.

19 Q. Okay. Do you know what the
20 results were?

21 A. I don't remember.

22 Q. Okay. Where would I look to
23 find it, if it existed?

24 A. Our regulatory affairs would

1 have had it.

2 Q. Okay. And, who would I ask?

3 A. William McIntyre.

4 Q. Okay. Did Endo take any steps
5 in --

6 MS. HERZFELD: I'll withdraw
7 that question.

8 Q. You don't know the results of
9 any study, ethnographic study, in
10 Tennessee?

11 A. I don't -- I don't recall.
12 There might be a timing issue whereby we
13 chose to take the -- voluntarily take the
14 product off the market. So I'm not sure
15 if it was done or completed or whatever
16 happened to it.

17 Q. Okay. But in the meantime, to
18 your knowledge, Opana was continuing to be
19 sold into Tennessee until you withdrew it
20 from the market?

21 A. Again, at this point in time, I
22 don't know if we were specifically selling
23 in to Tennessee.

24 We were selling the product.

1 Q. Okay.

2 A. That much I know.

3 Q. And if the data shows that Opana
4 was being sold into Tennessee, you don't
5 have any reason to dispute that?

6 A. Agreed.

7 Q. Okay. And to this day, Endo
8 continues to sell its generic opioid
9 products through its distributors that can
10 make their way into Tennessee.

11 Is that right?

12 A. Yes.

13 MS. HERZFELD: Okay. I'll just
14 take a five minute break, two minutes,
15 something.

16 MR. STERN: Sure.

17 THE VIDEOGRAPHER: All right.

18 The time is 7:00 p.m.

19 Off the record.

20 (Recess taken.)

21 THE VIDEOGRAPHER: We are back
22 on the record.

23 The time is 7:03 p.m.

24 MS. HERZFELD: Thank you, Mr.

1 Campanelli. I'm going to suspend the
2 deposition at this time. I don't have
3 any more questions for you today. But
4 I'm suspending it based on the fact
5 that we haven't received any of the
6 documents in your custodial file and I
7 would like to have those in order to
8 be able to question you further.

9 So we'll suspend the deposition
10 at this time.

11 MR. STERN: And, again, it's our
12 understanding that you have received
13 those documents.

14 MS. HERZFELD: Understood.

15 (Pause.)

16 EXAMINATION BY

17 MR. STERN:

18 Q. Mr. Campanelli, good evening.

19 A. Good evening.

20 Q. When did you start working at
21 Endo?

22 A. September 2015.

23 Q. And what was your position then,
24 would you remind us?

1 A. President of the generics
2 position.

3 Q. And you held that position until
4 when?

5 A. For one year to September 2016.

6 Q. When you became what?

7 A. President and CEO of Endo.

8 Q. Mr. Buchanan showed you about 70
9 documents, give or take. The record will
10 speak for itself on that point.

11 But, does that sound about right
12 to you?

13 A. A number of documents.

14 Q. Did -- and that included Endo
15 documents.

16 Is that right?

17 A. Correct.

18 Q. And by Endo documents I mean
19 e-mails, internal e-mails at Endo.

20 You saw those?

21 A. Yes.

22 Q. You saw other documents that had
23 Endo logos on them?

24 A. Yes.

1 Q. Did any of -- were -- was your
2 name on any of those e-mails?

3 A. No.

4 Q. As a "to"?

5 A. No.

6 Q. As a "from"?

7 A. No.

8 Q. As a "cc"?

9 A. No.

10 Q. Anywhere in the body of any of
11 those e-mails?

12 A. No.

13 Q. What about the other Endo, what
14 I'm just defining as the Endo documents,
15 documents generated by Endo or with an
16 Endo logo on them, does your name appear
17 on any of those documents?

18 A. No.

19 Q. Did you ever receive any of
20 those documents?

21 A. No.

22 Q. Are any of the documents, with
23 the possible exception of the AOD, had
24 you, of all the documents that

1 Mr. Buchanan showed you, had you seen any
2 of them before today?

3 A. No, I have not.

4 Q. With the possible exception of
5 the AOD, did any of them bear a date that
6 preceded, came before, September 1st,
7 2015?

8 A. No.

9 Q. For the time period before
10 September 1st, 2015, do you have any
11 personal knowledge of any internal
12 communications at Endo?

13 A. I do not.

14 Q. For that time period, do you
15 have any personal knowledge of what
16 decisions were made at Endo about opioids?

17 A. I do not.

18 Q. Do you have any personal
19 knowledge about why decisions were made at
20 Endo about opioids before September of
21 2015?

22 A. I do not.

23 Q. Do you have any personal
24 knowledge about anything that happened at

1 Endo before September of 2015?

2 A. I do not.

3 Q. So, to the extent that you were
4 answering questions about the documents
5 that you saw, what were those answers
6 based upon?

7 A. The words on the paper.

8 Q. Anything else?

9 A. No.

10 MR. STERN: I have nothing
11 further.

12 MR. BUCHANAN: How long?

13 THE VIDEOGRAPHER: He went for
14 four minutes.

15 MS. JONES-McDONALD: No, there
16 was time.

17 THE VIDEOGRAPHER: Three
18 minutes.

19 You want to go off the record?

20 MR. BUCHANAN: Yeah.

21 THE VIDEOGRAPHER: All right.

22 The time is 7:07 p.m.

23 Off the record.

24 (Recess taken.)

1 THE VIDEOGRAPHER: We are back
2 on the record.

3 The time is 7:10 p.m.

4 BY MR. STERN:

5 Q. Mr. Campanelli, I think between
6 us, my going too fast and everyone's
7 schedule this evening, I think that
8 there's one question and answer that we
9 need to clear up. I don't think this will
10 be in dispute, but I'm going to ask the
11 question again.

12 With the possible exception of
13 the AOD, were any of the documents -- did
14 any of the documents that Mr. Buchanan
15 showed you bear a date after September
16 1st, 2015?

17 A. After? No.

18 MR. STERN: Okay. Thank you.

19 THE VIDEOGRAPHER: Stay on the
20 record or go off?

21 MR. BUCHANAN: Just one moment.
22 We can go off.

23 THE VIDEOGRAPHER: Off the
24 record, right?

1 MS. SCULLION: Yes.

2 THE VIDEOGRAPHER: The time is
3 7:11 p.m.

4 Off the record.

5 (Recess taken.)

6 THE VIDEOGRAPHER: The time is
7 7:13 p.m.

8 Back on the record.

9 FURTHER EXAMINATION BY

10 MR. BUCHANAN:

11 Q. Now, sir, you are the president
12 and CEO of Endo, correct?

13 A. Correct.

14 Q. Within Endo, operating company
15 Par, correct?

16 A. I'm sorry?

17 Q. Within Endo, an operating
18 subsidiary Par, correct?

19 A. Correct.

20 Q. Also responsible for that,
21 correct?

22 A. Yes.

23 Q. Par has within it the operating
24 assets of Qualitest, correct?

1 A. Qualitest no longer exists.

2 Q. Okay. Those assets are now
3 within the company that is Par, correct,
4 sir?

5 A. Correct.

6 Q. Okay. I'll pass you what we
7 marked as Exhibit 111 to your deposition,
8 sir.

9 (Campanelli Exhibit 111, e-mail,
10 was marked for identification, as of
11 this date.)

12 BY MR. BUCHANAN:

13 Q. It's an e-mail from yourself to
14 others, an important message from Paul
15 Campanelli, an open letter regarding the
16 opioid crisis.

17 Do you see that, sir?

18 A. I see it.

19 Q. Second page: Since its founding
20 as a family business in 1920, Endo has
21 evolved into a generics and specialty
22 branded pharmaceutical company whose
23 products help millions of patients lead
24 healthier lives.

1 Do you see this letter, sir?

2 A. Yes.

3 Q. Do you recall writing it?

4 A. I participated in it.

5 Q. Okay. Certainly you embrace
6 Endo's history in this letter, right, sir?

7 A. We're embracing the name of Endo
8 in this letter.

9 Q. You embrace Endo's history and
10 its founding as a family business in 1920,
11 right?

12 A. We see it, yes.

13 Q. It's evolution into a generics
14 and specialty branded pharmaceutical
15 company, right?

16 A. Yes.

17 Q. Well, you're not skipping the
18 years, are you, sir, between 1997 and 2015
19 when you talk about Endo's history; are
20 you?

21 A. Could you say that again?

22 Q. You're not skipping the years
23 between 1997 and 2015 when you got to the
24 company in terms of Endo's history, right,

1 sir?

2 MR. STERN: Objection; form and
3 foundation.

4 A. We're speaking about Endo since
5 its 1997 inception.

6 Q. You would agree with me, sir,
7 that Endo is responsible for its deeds and
8 misdeeds that occurred before you got to
9 the company, right, sir?

10 MR. STERN: Objection; form;
11 foundation; and calls for a legal
12 conclusion.

13 A. I don't know the answer to that.

14 Q. Sir, you're not saying that it's
15 okay to talk about Endo in 1920 and it's
16 okay to talk about Endo from 19 -- I'm
17 sorry, 2015 and '16, but not during the 17
18 years when you built this opioid market?

19 MR. STERN: Objection; form and
20 foundation.

21 BY MR. BUCHANAN:

22 Q. Are you, sir?

23 MR. STERN: Objection; form and
24 foundation.

1 A. I wasn't there. I don't know
2 the answer to your question.

3 Q. That's right, sir.

4 And we looked at a lot of
5 documents that certainly you'd want to be
6 aware of, wouldn't you, sir, as the chief
7 executive officer of the company?

8 MR. STERN: Objection; form and
9 foundation.

10 A. I'm not sure I understand.

11 Q. Would you want to be aware of,
12 sir, that your detail representatives are
13 calling on pill mills and not reporting
14 that? Is that something you expect to be
15 aware of?

16 MR. STERN: Objection to form
17 and foundation.

18 A. At what period of time?

19 Q. The period of time we looked at
20 today, sir.

21 Do you recall when Opana ER was
22 being marketed and detailed by sales
23 representatives in Ohio to a pill mill?

24 MR. STERN: Objection; form and

1 foundation.

2 That was before September 1st,
3 2015.

4 BY MR. BUCHANAN:

5 Q. Do you recall that, sir?

6 A. I recall the document you showed
7 me.

8 Q. You certainly wouldn't endorse
9 the decisions of representatives not to
10 report that activity up the food chain;
11 would you, sir?

12 MR. STERN: Objection to form
13 and foundation.

14 A. Again, I don't know the --
15 the -- the reasons why they did or did not
16 do certain things at this period of time.

17 Q. Whether before or after 2015,
18 sir, you would not endorse false messages
19 about the abuse potential of your drug;
20 would you, sir?

21 MR. STERN: Objection; form and
22 foundation.

23 A. Again, I can speak to 2015 and
24 beyond.

1 I would not endorse it from that
2 period of time.

3 Q. Whether before or after 2015,
4 sir, you would not endorse using NIPC or
5 using the APF to say that abuse is rare
6 when it is anything but rare, correct,
7 sir?

8 MR. STERN: Objection to form
9 and foundation.

10 A. Again, I would endorse it since
11 I've been at Endo.

12 Q. Making false statements, sir, is
13 a problem regardless of when it happens.

14 Agreed?

15 MR. STERN: Objection to form
16 and foundation.

17 A. Proven false statements are a
18 problem.

19 Q. And whether that happened on
20 your watch, sir, or whether it happened
21 under the watch your predecessor, that's a
22 problem.

23 Right, sir?

24 MR. STERN: Objection to form

1 and foundation.

2 A. False statements that are proven
3 to be false -- I'm sorry.

4 Could you say that question
5 again?

6 Q. Whether those false statements
7 happened on your watch, sir, or whether
8 they happened on your predecessor's watch,
9 that's a problem, right?

10 MR. STERN: Objection to form
11 and foundation.

12 A. If it's a factual statement,
13 it's a concern.

14 MR. BUCHANAN: No further
15 questions.

16 THE VIDEOGRAPHER: Okay. Off
17 the record.

18 All right. This marks the end
19 of today's deposition. The time is
20 7:17 p.m.

21 (Deposition adjourned at
22 approximately 7:17 p.m.)

23

24

1 A C K N O W L E D G M E N T

3 STATE OF)
4 :ss
5 COUNTY OF)

7 I, PAUL CAMPANELLI, hereby
8 certify that I have read the transcript of
9 my testimony taken under oath in my
10 deposition of March 21, 2019; that the
11 transcript is a true and complete record
12 of my testimony, and that the answers on
13 the record as given by me are true and
14 correct.

PAUL CAMPANELLI

19 Signed and subscribed to before me this
20 _____ day of _____, 2019.

22 _____
23 Notary Public, State of

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1 C E R T I F I C A T E

2 STATE OF NEW YORK

3 COUNTY OF NEW YORK

4

5 I, Marie Foley, RMR, CRR, a
6 Certified Realtime Reporter and Notary
7 Public within and for the State of New
8 York, do hereby certify:

9 THAT PAUL CAMPANELLI, the witness
10 whose deposition is hereinbefore set
11 forth, was duly sworn by me and that such
12 deposition is a true record of the
13 testimony given by the witness.

14 I further certify that I am not
15 related to any of the parties to this
16 action by blood or marriage, and that I am
17 in no way interested in the outcome of
18 this matter.

19 IN WITNESS WHEREOF, I have
20 hereunto set my hand this 24th day of
21 March, 2019.

22

23



MARIE FOLEY, RMR, CRR

24

	LAWYER'S NOTES		
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